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DWELLING AND HOSPITALITY

A Phenomenological Inquiry into Therapeutic Community

Submitted by Robin Anthony Cooper, M.A.,

for the degree of Ph.D. of the

Open University.

December 1984.

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## ABSTRACT

This phenomenological study firstly examines the concept of the 'therapeutic community' as it appears within contemporary British psychiatry. It argues that certain confusions and contradictions which are exhibited within this area of practice arise as an inevitable consequence of the medicalistic and psychologistic epistemologies upon which these communities are predicated.

Secondly, it proposes a number of informing sources whereby the practices of a therapeutic community might be more soundly guided. Amongst these are the ethical writings of Aristotle, and the discussions of 'dwelling' which are to be found within recent European philosophical writings. In particular, certain writings of Heidegger, Levinas and Bachelard are seen to be important. Informed by these sources, it is argued, we may find ourselves in a position to embody theorizing in a manner which more befits the subject matter of the therapeutic community.

In the third part, an illustration is offered, of one therapeutic community household within which these questions of 'dwelling' were raised, and whose therapeutic gesture was understood in terms of the hospitality of dwelling, rather than the application of psychological method. Discussion is devoted to the founding of this household, the embeddedness of its conversations within the fabric of the ordinary, and the issues which were raised in the course of its finding its own way. In the final chapter of this thesis, attention is paid to the matter of the evaluation

of such therapeutic households, and to their relevance to the current social policy of psychiatric 'care in the community'.



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## PREFACE

The present study is offered as a contribution to the literature on the psychiatric therapeutic community. In its pages I propose to consider a number of questions and problematics crucial to an understanding of the nature of a therapeutic community, which hitherto have remained insufficiently examined. As a consequence of these omissions, I argue, the fundamental inspiration behind the therapeutic community movement has fallen far short of any adequate realization.

The main emphasis of the 'therapeutic community' approach to the treatment of psychiatric disorders is upon the central importance of the patient's setting, environment or context, and in particular, his immediate social context. This, it is argued, may itself be therapeutic, or may itself constitute a therapeutic treatment. This emphasis upon the social context may be contrasted with that of traditional psychiatric practice which is concerned primarily with the administration of medications and physical treatments, and only secondarily with the 'interpersonal context' to treatment. So it is that the therapeutic community approach is usually described as an alternative to orthodox or traditional treatments. More than that, these approaches are commonly felt to be founded upon a more progressive ideology than that of traditional psychiatry, and so have come to be seen as 'radical alternatives', having arisen largely in response to the realization that traditional forms of institutional care for the mentally ill are seriously flawed.

But these 'alternative' forms of treatment are themselves seriously flawed. In part one, I shall discuss some of the general and far-reaching faults, errors and sources of confusion which typify the therapeutic community literature. These may be very briefly summarized under three main headings.

Firstly, therapeutic community epistemology is predominantly medicalistic; and this epistemology does not lend itself to any thinking through of what it is about communality, or about community as community which may be conducive to personal and interpersonal well-being. The explicit movement of the therapeutic community approach to treatment is away from the traditional medical model, where professionally distanced doctors and nurses provide packaged treatments for passive patients. In fact, most therapeutic communities simply update the medical model by allowing the patient more 'say' in his treatment, and including a wider range of therapeutic devices on the list of medicines. The notion of medical treatment is expanded until the community itself becomes the doctor.

Secondly, insofar as there is a shift from a medical to a non-medical 'frame of reference', it takes the form, for the most part, of a slide into psychologism. Psychologism, in this context, illustrates the principle of being 'too clever by half'. Psychologism reduces the person and his social, cultural and interpersonal world to psychological processes, forces, vectors and dynamics - and ends up with a world inhabited by no-one. Therapeutic communities frequently commit a double psychologistic error. They



first of all reduce the lived world to a ghostly stage of psychologistic abstraction, and then proceed to construct models out of these abstract elements which are then applied in the running of the community.

Finally, therapeutic community thinking and practice is predominantly technological. It reduces psychotherapeutic practice to technique, being to process, and 'community' to 'organization', whose resources may be utilized or exploited towards therapeutic goals which are not themselves subjected to any critical examination. We are left, therefore, with a notion of community, whose politics, in the absence of any telos beyond that of individual growth or adjustment, reduce to the crudities of control and toleration.

These fundamental errors are deep errors of appraisal, or epistemology; they are not errors of method. That is, given the assumptions from which therapeutic communities start, the procedures which ensue are often logical and consistent. These errors cannot therefore be remedied by tinkering with the methods, introducing finer and finer tunings and adjustments, or devising alternatives to the alternative. They call instead for a fresh appraisal of the phenomena, which must first of all be brought into view. Where the phenomena are adequately brought into view, a way does show itself, which is a radical departure from any structure of treatment alternatives.

In part two, I offer a radically different orientation towards the therapeutic community. I first of all propose



that the nature of 'theory' and 'theorizing', insofar as it is to contribute to a better understanding of therapeutic communities, must itself be re-thought. An appropriate 'theorizing' must, I argue, incorporate a radical and critical reflexivity, particularly insofar as theorizing bears upon questions of 'fundamentals'; questions, for example, to do with first principles and final goals of human conduct. Here, 'theory' cannot be worked out in advance and then 'applied'; any person who is a member of a therapeutic community will therefore be engaged (unless it is after all merely human engineering) in an exercise that is at once and as much 'theoretical' as practical. If a therapeutic community is, as I argue, to be thought of not as a 'thing' but as a 'way', this must at the same time be a way which enlightens or shows its own way, in its own way of 'questing' or questioning.

Two closely related considerations lead me to choose the dwelling as the place within which to take up the inquiry into therapeutic community. Firstly, I argue, 'madness' is 'homelessness'. That is to say, the symptoms of 'mental illness', what used to be called 'alienation', speak of ontologically threatened or insecure modes of being, where ontological security is the sureness of being at home in the world. And secondly, paraphrasing Heidegger, I argue that man's being is 'dwelling'. The place of habitation, the abode or dwelling, therefore, is not simply an empirically convenient shelter, but is the place where first questions come most originally into view, the place where first things show themselves most primordially.

According to the popular aphorism, it is also where charity begins.

A central task of part two is to discuss the nature of dwelling - what it means, 'to dwell' - and the significance of the place of dwelling. In this discussion, and with our earlier discussion of ethics in mind, I refer to the writings of Heidegger and Levinas, as well as Bachelard. From these writings, although in different ways, we are led towards a thinking of that concern, and those concerns, which most befit a therapeutic community.

In part three, I consider at some length a therapeutic community which was a member household of the Philadelphia Association, a charity set up by R.D. Laing and colleagues in 1965. I choose this example not as a model or blueprint of how a therapeutic community should be run - for it is central to my argument that a community must evolve its own style and find its own way. Rather, I choose this household because of its originality in raising the question of dwelling, the suggestiveness of the guiding principles which it offered, and for the far-reachingness of the issues which it raised, issues about which the well-being of any therapeutic community may pivot.

Part three is divided into four chapters. In the first of these, under the heading of 'foundations', I introduce matters to do with the opening up and founding of a household. I discuss this particular household's coming into being, the make-up of its membership, and some of the considerations which entered the conversation which was

opened up by a person's wanting to join the house. In discussing these conversations, I have laid particular emphasis upon their contextualization, or embeddedness, in matters of the everyday. Amongst these ordinary matters we may consider food, nourishment and provision, boundary and protection.

In the second chapter, I introduce questions to do with the manner in which this house was inhabited, concerning myself particularly with the 'ambiance' of the house, illustrated by the manner in which people who lived there treated one another, and aspired to treat one another. I discuss the importance of 'manner' and 'habit', finally turning to the question of 'friendship'.

In the third chapter I bring to a fuller articulation themes which have already been touched upon, and which run through the preceding chapters, and which we might refer to as the provocation of the Other. In this chapter I speak of the therapeutic gesture of the household as the response of hospitality. And finally, in the last chapter of part three, I describe the way in which this household extended hospitality to individuals who were undergoing acute psychotic episodes - or, in the vernacular of the times - freaking out.

In the final part of this study - chapter twelve - I spell out the particular relevance of my argument to the presently fashionable social policy of returning the psychiatric patient from the hospital to the community - the policy of 'care in the community'. I conclude by

showing how my own study suggests ways in which this policy might be more effectively thought through.

Approximately speaking, the form of this thesis is one whose theorizing in the first parts is fleshed out in the course of providing an extended illustration or example, which makes up the bulk of part three. And despite my preparedness to let it be judged as it stands, this work retains, to some extent, the quality of being a composite of two separate works. Each of these might have been considerably expanded - at the expense of the other. A study of 'dwelling and hospitality' might well have been written which made no attempt to grapple with the difficulties of presenting something of the homelife in which was its gestation. On the other hand, approaching these same themes might well have been possible precisely through a more thorough and uncompromising account of Portland Road - and for all its intrinsic difficulties, such an approach might well have something to recommend it. For in such a study space could be made to permit discussion of questions which, in the present case, have of necessity been passed over. However, to have taken on, fully, some of the deeper intimacies and intricacies of Portland Road would not simply have required more space: it would have called for a different orientation between the writer and his text than seemed appropriate for a dissertation of this nature. If questions to do with Portland Road present themselves to the reader, which remain undiscussed within the text, these limitations must be borne in mind. He may, however, confidently assume that within Portland Road the central issues which motivate



this inquiry were clearly and resoundingly voiced; and thus it is hoped that the reader will have no difficulty in seeing something of the writer's indebtedness to the founder and guide of this household, Dr Hugh Crawford, inscribed throughout these pages.

What might be termed the 'fieldwork' for this study was completed over two periods, from 1971 until 1976, and from 1978 until 1980, during which times I was a member of the Portland Road community. To talk of 'fieldwork' where it suggests a researcher's formal investigations might be misleading; better perhaps is 'homework'. For the idea of incorporating my experiences in this household in any formal account was not my reason for joining, nor did this idea crystallise - except perhaps upon the most distant of horizons - during the times of my stay there.

The writing of this study occupied the two years from 1982 until 1984. Its being completed within this period was made possible by a research grant provided by Sir Clive Sinclair. At that time, when it had become clear to me that the writing of this work could no longer be deferred; but when at the same time each door to which I turned for financial assistance seemed to be closed, Sir Clive's most generous offer came as a Godsend. I am pleased to be able to thank him here.

My studies were supervised by two people, each of whom has contributed significantly to whatever merits the final work may possess. Professor Brian Lewis, of the Department of Educational Technology at the Open University,

gave me his full-hearted encouragement at every stage of the project. The generosity with which he made his time available to me, the confidence with which he let me go my own way, and at the same time the thoughtfulness of his provocation when the traces which I left were less than illuminative made my task greatly more enjoyable than it might otherwise have been. The latter stages of this work were somewhat clouded by Brian Lewis' suffering a severe illness; it is a source of pleasure to me that its completion should co-incide with his recovery.

I was fortunate in having in Dr John Heaton a second supervisor, whose considerable experience as a psycho-therapist, household therapist and phenomenologist bears precisely upon the interests of my own study. To Dr Heaton I am not only grateful for the encouragement and critical comment with which he responded to earlier drafts, but to initial suggestions which assuredly influenced the direction which my writing took. It was at Dr Heaton's suggestion, for example, that I came to read the Nichomachean Ethics. To both Brian Lewis and John Heaton I express my thanks.

I should like, finally, to express my thanks to those friends and colleagues who have read earlier drafts of the manuscript, and from whose constructive criticism it has benefitted. In particular, I would like to express my indebtedness to fellow-members of the Philadelphia Association, not only for their criticism and comment, but, more importantly, for their partnership in that work to which this study is addressed.



It seems to me that we can also say of other institutions that they have ceased to live when they show themselves incapable of carrying on a poetry of human relations - that is, the call of each individual freedom to all the others.

M. Merleau-Ponty.

PART ONE

## Introduction to Part One

In 1981 a book, consisting of a collection of writings, was published under the title of The Therapeutic Community. So far as I know the first book of its sort to be published in the U.K., it is an anthology of therapeutic community perspectives and prospectives. It contains contributions which express a range of viewpoints, from exponents, for example of the Richmond Fellowship, Kingsley Hall, and Phoenix House 'models' of community. It includes an article by Tom Main, one of the founders of the therapeutic community 'movement', on 'basic concepts', an article by Joseph Berke, representing the 'alternative' approach, and several by Elly Jansen, director of the rather influential Richmond Fellowship, in whose copyright the book is held. The jacket illustration of this book, furthermore, is acknowledged to be courtesy of the Richmond Fellowship, and this illustration will serve as a good point of departure for my introductory remarks.

The illustration consists of a photograph, taken from the ceiling of a room in which eight people are seated around a table. They are all facing towards the centre of the table, around which they are all more or less evenly spread. There appear to be five men and three women; the position from which the photograph was taken makes it difficult to discern any facial expressions.

We see nothing of the room other than the square area of its floor, of stripped and sealed wood. The table top above which we are suspended is of glass, and transparent, so that through it we see the quadrant of its supporting

frame, emphasising again our impression of regularity, sectionalization, opposition. Nine other furnishings are visible: eight identical chairs upon which sit what we must assume to be the residents; and one empty, metal waste-paper basket placed between two of them, the only interruption of an otherwise relentless symmetry.

The participants who are gathered round the table display an arrangement which we might expect to be typical of a very rigidly set up, and formal, therapeutic group. They are the perfectly photographed enactment of the logo of the Institute of Group Analysis, a logo which is in itself quite inoffensive. But here, on this cover, its flesh and blood representation tells us quite insistently that the chosen icon of the therapeutic community is one which represents a situation of analysis, of confrontation, of pure, hard-core therapy. This is emphasised by the utter starkness of the surroundings, which bear no evidence at all of being lived-in, or worn by any familiarity. In fact, now there is nothing to block our view of one another, there is nothing in the way. Now we can get down to the heart of the matter. We have all we need: our psychological problems, the see-through table to place them on, and the waste-paper basket for the bits and pieces which this analysis will not manage to dissolve. The photograph depicts the situation of an ideal of mental hygiene; every surface is immaculately scrubbed, and everyone is neatly in place. In this treatment environment there are no little hidden corners, and no whispered secrets; for this is above all a sanitary practice. How easily, looking at the photograph, might we be excused for

not remembering that the 'therapeutic community' is, first of all, a place where people are expected to live.

The photographer looks down on it all from above; he is condescending. He is the invisible spectator who sees everything - and is above it all. His is the objective eye; he takes note, he keeps score. He is there to make sure Everything Is In Order. This, after all, is 1984.

In this heartless little photograph I find an icon to which the 'therapeutic community' literature rather peculiarly pays unceasing homage. What in the photograph invites the accusation of heartlessness, appears in the literature perhaps more as 'thoughtlessness'. It is thoughtlessness which imagines that the way into the world is through an analysis of the processes of one's own and other people's minds, or that the world is these processes writ large. It is thoughtlessness which attempts to understand the business of living together, or doing our best to live together, within the parameters of 'treatment'; which expands the notion of the 'therapeutic situation' to include every minute of the day, so that everything is now a 'part' of this treatment. It is thoughtlessness which, in accordance with the prevailing psychological or psychoanalytic concepts, constructs or designs a therapeutic milieu or environment and exploits, towards therapeutic goals, the human resources of this environment, or uses the relationship between people as part of the treatment. It is a thoughtlessness whose notion of 'community' is requiring people to be a certain way. These are the sorts of thoughtlessness which I shall be discussing in the following three chapters.



## CHAPTER ONE

### COMMUNITY AS DOCTOR

#### The Therapeutic Community

It is quite beyond the scope of the present study to show, in any completeness or fullness, the concept of the psychiatric therapeutic community, or to submit this concept to any rigorous and detailed analysis. Steps in this direction have in any case already been taken; and they prepare us to accept the fact that this concept may be a very muddled one indeed. Based upon his own, rather thorough analysis of the literature of the 'therapeutic community', Thompson<sup>1</sup> concludes

that as a general concept its meaning is vague, confused and ambiguous. At almost every level of inquiry its nature, type, scope and function escape adequate definition, with the result that almost any vaguely 'progressive' attempt to include the environment of the psychiatric setting in notions of 'treatment' can be interpreted as an example of a therapeutic community.<sup>2</sup>

Recognition of some of the confusion which surrounds the use of the term is commonplace; and it is by no means atypical that advocates of the 'therapeutic community approach' should

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<sup>1</sup>Thompson, R.D. (1976) p. 169.

<sup>2</sup>According to Thompson (1976), the term 'therapeutic community' has been used to describe the following groups of phenomena, 'to name but a few': A West African Yoruba village community, the military, the school and the church, the prison, the remand home, the halfway house, rehabilitation centres for drug addicts, social work community care programmes, the wider social community, the general hospital and the mental hospital, psychiatric wards or wings of hospitals treating special groups of patients, a mode of social therapy, a model for group therapy and patient government, the focus of a form of administrative therapy, a psychoanalytically oriented hospital, a 'socio-therapeutic' milieu for the treatment of psychopathy, a setting for multiple child-patient therapy, admission units, chronic wards in hospitals, geriatric hospital care, and by allusion, 'corrective camps'.



themselves refer to the therapeutic community as "one of the most misused and misunderstood terms in modern psychiatry".<sup>1</sup>

The main emphasis of the 'therapeutic community' approach to the treatment of psychiatric disorders is upon the central importance, in the treatment, of the patient's setting, environment or context, and in particular, his immediate social context. This, it is argued, may itself be therapeutic, or may itself constitute a therapeutic treatment. This emphasis upon the social context may be contrasted with that of traditional psychiatric practice, which is concerned primarily with the administration of medications and physical treatments, and only secondarily with the 'social context' of treatment. So it is that the therapeutic community approach is usually described as an alternative to orthodox or traditional treatments. More than that, these approaches are commonly felt to be founded upon a more progressive ideology than that of traditional psychiatry, and so have come to be seen as being 'radical alternatives', or even as representing a 'true revolution'<sup>2</sup> in psychiatric practice. Indeed, the therapeutic community has been referred to as revolutionary psychiatry's 'brightest star',<sup>3</sup> or 'one of the brightest stars in the social psychiatric firmament'.<sup>4</sup>

It is important to note at the outset that different therapeutic communities direct themselves to quite different

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<sup>1</sup>Whiteley, J.S. and Gordon, J. (1979) p. 105.

<sup>2</sup>Clark, D.H. (1974) p. 11.

<sup>3</sup>Sharp, V. (1975) p. 21.

<sup>4</sup>Rapoport, R.N. (1960) p. 10.

tasks, deal, for example, with different 'categories' of patient or 'client group', and consequently adopt quite dissimilar stances and practices. For this reason alone, it is far from being a simple matter to provide an accurate characterization of the movement as a whole. In the three chapters which follow, I shall be for the most part concerned with general assumptions, prevailing tendencies and broad themes pertaining to therapeutic communities, as these arise and recur within the therapeutic community literature. By no means will all of the assumptions which I shall critically examine hold true of all therapeutic communities, or to the same degree. Their discussion will, however, bring into view some important areas of epistemological confusion which do pervade the literature, and issues which, within this confusion, remain insufficiently discussed or followed through.

There may be found a number of attempts within the literature - and with varying degrees of success - to minimise some obvious sources of confusion by procedures of taxonomy. Writers have disentangled some different senses in which the term itself is used, have indicated important distinctions between seemingly related 'therapeutic community approaches', or between different sorts of goals towards which their methods are directed. In the course of these various attempts at clarification or towards 'the further analysis and refinement of therapeutic community practice'<sup>1</sup> the following distinctions have been made:

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<sup>1</sup>Whiteley, J.S. and Gordon, J. (1979) p. 113.

Between the therapeutic community 'proper' and the therapeutic community 'approach',<sup>1</sup> between the therapeutic community and milieu therapy (concerned respectively with 'synthetic' and 'executive' functions of the ego,<sup>2</sup> or with 'intrapsychic' as against the 'social' significance of situations);<sup>3</sup> between the goals of rehabilitation (social orientation) and treatment (intra-psychic re-organization);<sup>4</sup> between the psychotherapeutic and the socio-therapeutic processes;<sup>5</sup> between various therapeutic community models, such as the 'self-actualization' and self-adjustment models;<sup>6</sup> and between the Institutional (therapeutic community approach), the Democratic-analytic (the therapeutic community proper), the Concept based (the ex-addict self-help communities of the Synanon type), and the Alternative Asylum (anti-psychiatric communities or households),<sup>7</sup> as examples of the four main types of therapeutic community venture. That these various attempts have led to no consistency of usage is clear from the co-existence, within the literature of claims such as the following:

The phrase...therapeutic community has now had so much currency that it has been almost rubbed smooth of meaning.<sup>8</sup>

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<sup>1</sup>Clark, D.H. (1971).

<sup>2</sup>Sharp, V. (1975) p. 23.

<sup>3</sup>Stauble, W.J. (1971).

<sup>4</sup>Rapoport, R.N. (1960).

<sup>5</sup>Whiteley, J.S. and Gordon, J. (1979) p. 114.

<sup>6</sup>Sharp, V. (1975) p. 22.

<sup>7</sup>Kennard, D. (1983) p. 6 and p. 99.

<sup>8</sup>Clark, D.H. (1971) p. 42.

and

The therapeutic community is therefore a specific treatment method, as specific as psychoanalysis or somatic therapy.<sup>1</sup>

As a counterpoint to these attempts to draw informative and discerning distinctions between different interpretations of the notion of 'therapeutic community', we may now mention the equally insistent attempts to articulate the essential 'therapeutic community impulse'<sup>2</sup> which motivates all of these diverse endeavours, or try to gather together the various 'basic assumptions' or guiding principles which are shared by all, or at least most of those who find themselves identified with the 'therapeutic community movement'.

Included amongst these we might consider the 'certain characteristics' which 'have been seen in most therapeutic communities' proposed by Clark;<sup>3</sup> the 'common attributes' and 'basic ideals' of Kennard,<sup>4</sup> which illustrate the 'similar ideas and procedures' in the mind of 'all who have used the term therapeutic community'; the six 'core features' of Rapoport which, according to Caine and Smail,<sup>5</sup> can be taken as being widely accepted by the main pioneers of the movement; the 'four fundamental themes' suggested elsewhere by Rapoport as characterizing the therapeutic community, and which 'are still worthy of general acceptance';<sup>6</sup> the

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<sup>1</sup>Hoffman, H.A. (1980) p. 75.

<sup>2</sup>Kennard, D. (1983) p. (vii).

<sup>3</sup>Clark, D.H. (1971) p. 44.

<sup>4</sup>Kennard, D. (1983) p. 7 ff.

<sup>5</sup>Sharp, V. (1975) p. 24.

<sup>6</sup>Morrice, J.K.W. (1979) p. 49.



'operating principles' of Hoffman which, according to Jansen<sup>1</sup> are 'common to all therapeutic communities' within the hospital setting; the 'common principles' of the therapeutic community suggested by Jansen;<sup>2</sup> and perhaps, too, the 'fundamental benefits' of Schwartz.<sup>3</sup>

Here I shall consider briefly the 'common attributes' of therapeutic communities, as proposed by Kennard.<sup>4</sup> I choose his list because it is an up-to-date conception of what a therapeutic community is or should be, and in a short space, introduces the reader well to the contemporary therapeutic community ethos. This account of therapeutic community attributes, which is considerably abridged, begins with those features which are most obviously visible or immediately apparent.

1. Informal and communal atmosphere, 'homelike rather than institutional'. People are dressed informally. The visitor to a hospital wonders: 'Who are the patients? Who are the staff?' Although informal, the atmosphere may not be relaxed - argument, laughter, tears are all possible - all out there in the open where anyone can see or even join in. Residents and staff are not clearly and immediately visible. Events of a rather private nature seem to be going on in public.

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<sup>1</sup>Jansen, E. (1980) p. 24.

<sup>2</sup>Jansen, E. (1980) p. 32.

<sup>3</sup>Schwartz, M. (1957).

<sup>4</sup>Kennard, D. (1983) pp. 7 ff. In the following description I have quoted freely from the original.

2. Central place of group meetings in the therapeutic programme. The purpose and sophistication of these meetings will vary considerably from one community to another, and the goals may not always be fully stated or even recognized. These meetings help to fulfill the following functions:
  - (i) To maximise the sharing of information.
  - (ii) To build a sense of cohesion.
  - (iii) To make open and public the process of decision making.
  - (iv) To provide a forum for personal feedback.
  - (v) To provide the vehicle for community members to exert pressure on individuals whose attitudes or behaviour are disturbing or upsetting to others, or threaten their own well-being.
3. Sharing the work of maintaining and running the community. Such work is important for the following reasons:
  - (i) Participating in the community's daily tasks helps members to feel part of the community, to feel it is their community.
  - (ii) People who have never learned to lead independent, responsible lives can begin to acquire the necessary skills and confidence to use them.
  - (iii) Working with others in ordinary everyday tasks will bring to light many inter-personal problems which might remain



dormant in group meetings.

- (iv) In addition to its practical or therapeutic merits, participation in constructive work also has certain moral connotations. The inclusion of shared communal tasks in the daily programme of modern therapeutic communities reflects not only their therapeutic value for the individual, but also the moral values of social responsibility and good citizenship.

4. The recognition of patients or residents as auxiliary therapists, commenting on, and influencing each other's behaviour and attitudes. In a therapeutic community, deliberate use is made of the effectiveness of this informal source of influence.

In addition to these 'common attributes' which are concerned with 'practice', there are, according to Kennard, certain 'values' or 'beliefs' which characterize such communities, "basic ideals or points of view that are shared by all therapeutic communities". He lists three; again these are very much abridged.

1. The acceptance of some basic psychodynamic principles. For example, the belief that an individual's difficulties are mostly in relation to other people. Or, that psychological symptoms are the outward expression of conflicts and tensions in an individual's relations with others. Again, therapy is essentially a learning process;

both in the sense of learning about oneself and others, and learning how to relate to others, for example how to be more open and assertive.

2. The recognition of the basic equality of all members, whether staff or residents, professionals or non-professionals, therapists or patients. This equality has two aspects, the 'human' and the 'psychological'. Human equality refers to the belief that we should treat others as we would like to be treated. Psychological equality is the recognition that all members, whatever their role, share many of the same psychological qualities. To put this in the context of the hospital, staff are not completely 'well' and patients are not completely 'sick'. Staff members can at times feel upset, anxious or helpless; patients can at times be caring, creative and competent.
3. The third value refers to an ideological aspect. Therapeutic communities do represent a moral value for those who work in them. "By this I mean that the various principles and procedures described in this chapter have developed not only because they are considered to be therapeutically useful, but because they also express certain beliefs about relationships, about how people ought to treat each other, and in particular about how professional workers ought (and ought not) to treat their patients or clients."

This therapeutic community 'composite', which illustrates common therapeutic community ideas and procedures, seems on the face of it to be perfectly straightforward, and even to be stating no more than the most obviously desirable considerations, which must apply to any up-to-date and liberal therapeutic unit or clinic. Yet I believe precisely this obviousness and reasonableness glosses over a number of questions, which far from being straightforward and amenable to any easy solution, are extremely problematic. A discussion of some of these questions will occupy part one of this thesis; for the moment I shall merely indicate some areas of unease which are suggested by Kennard's account.

There is first of all a major contradiction which runs throughout this description of the therapeutic community. The most apparent thing about a therapeutic community is its homelike atmosphere. We are told very little about why this sort of atmosphere should be so important, and even less about what might be the salient features of such an atmosphere, beyond its informality and casualness. On the other hand, almost everything which Kennard goes on to tell us, in this extract, about the therapeutic community, suggests an atmosphere which is most decidedly unhomelike. The homelike atmosphere is illustrated by residents and staff being 'not clearly and immediately distinguishable', being made of basically the same psychological stuff - and by the capacity of the latter to feel at times upset, anxious and helpless. (When patients stray from their norm they become caring, creative and competent.) The homelike atmosphere is characterized by 'therapeutic programmes', residents

conducting themselves towards one another as 'auxiliary therapists', assessing 'their own and each others progress', and using group meetings as therapeutic vehicles. How vividly this contrasts with the one resounding, actual, homelike image which appears in the book, where in the final paragraph of the preface Kennard refers to his toddler son playing with his father's typewriter.<sup>1</sup> In this one image is condensed so much that one might well consider to be crucial to a 'homelike' atmosphere - creative play, a thing about which there is a merging of perspectives, a bond which is not merely in the service of therapeutic goals.

Secondly, there is an assumption that entirely different notions to do with living and working together therapeutically may co-exist, or be gathered together under the umbrella concept of 'therapeutic community'. The concept of therapeutic community is defined by its 'common attributes'. It is first of all highly questionable whether this concept is adequately brought to light by this attributive approach. But in any case it is not quite apparent that these 'common attributes' are in many cases no more than superficial similarities? For example

the third element common to all therapeutic communities is sharing the work of maintaining and running the community. This may vary from, at one extreme, residents doing virtually everything... to the other where hospital residents may help in serving meals and washing up, but leave most of the chores to the paid staff.<sup>2</sup>

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<sup>1</sup>Kennard, D. (1983) p.(x).

<sup>2</sup>Kennard, D. (1983) p.9.



Is there not more than a degree of sharing suggested here: and are we not forced to conclude that the concept of sharing itself calls to be examined critically?

"Participating in the community's daily tasks helps members to feel part of the community, to feel it is their community."<sup>1</sup> Whether this is in fact the case of someone who is cajoled into doing the washing up in the 'therapeutic community' wing of a large institution is very far from self evident: and to suppose that this notion of communality has anything in common with the manner in which people may share a home, or enjoy a homelike atmosphere, seems presumptuous in the extreme.

### The Background

Those institutions which emerged during the early years of the nineteenth century, and which are associated with the era of 'moral treatment', may be taken as the precursors of the contemporary therapeutic community. The best known of these was the York 'Retreat', founded by the Quaker William Tuke in 1792.

Over the next twenty years Tuke developed an approach that had a profound effect on the treatment of the insane as practised at that time. In place of physical restraints and enforced idleness, common in the eighteenth-century madhouses, he showed how treating the insane as near as possible as normal people and giving them useful occupations could produce unimagined

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<sup>1</sup>Kennard, D. (1983) p.9.



improvement in their mental state. This approach came to be known as moral treatment. A term difficult to translate into modern concepts, it implied the treatment of the character of the individual, the whole person in his social environment.<sup>1</sup>

For the moment, I would like merely to draw attention to two points to do with moral treatment.

Firstly, the 'retreats' and 'asylums' or 'sanctuaries' of 'moral treatment' arose, in part at least, as a response or challenge to the medical profession, from whose ranks the experts in the management of madness were now increasingly being drawn.

Tuke had explicitly not sought to create or train a group of experts in moral treatment. He and his followers were deeply suspicious of any plan to hand the treatment of lunatics over to experts. In the words of William Ellis (the superintendent of one of the new moral treatment asylums) 'Of the abuses that have existed, the cause of a great proportion of them may be traced to the mystery with which many of those who have had the management of the insane have constantly endeavoured to envelope it.' Those who had developed moral treatment claimed that the new approach was little more than an application of common sense and humanity; and these were scarcely qualities monopolised by experts.<sup>2</sup>

On the matter of medical persons being allowed to assume the role of 'inspectors' or 'controllers' within these moral 'asylums', one lay witness to these select committees had the following to say:

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<sup>1</sup>Kennard, D. (1983) p.16.

<sup>2</sup>Skull, A. (1979). Quoted in Kennard, D. (1983) p.19.

I think they are the most unfit of any class of persons. In the first place, from every enquiry I have made, I am satisfied that medicine has little or no effect on the disease, and the only reason for their selection is the confidence which is placed in their being able to apply a remedy to the malady. They are all persons interested more or less. It is extremely difficult in examining either the public institutions or private houses not to have a strong impression upon your mind, that medical men derive a profit in some shape or form from these different establishments... The rendering therefore, of any interested class of persons the Inspectors and Controllers, I hold to be<sup>1</sup> mischievous in the greatest possible degree.

Secondly, the decline of 'moral treatment', and its failure to build upon its successes, is attributable in part precisely to this reluctance of Tuke et al to establish a new profession of experts, a "coherent body to challenge the claim of the medical profession to responsibility for the mentally ill".<sup>2</sup>

Moral treatment, because of its non-technicality, did not encourage the emergence of an organized professional group which would seek to prevent other groups from adopting it. In addition, exponents of moral treatment proved largely incapable of confronting the medical profession both at a theoretical level and at a descriptive (linguistic) level. The language of madness remained that of medicine. These factors combined to make moral treatment vulnerable to a takeover bid from the medical profession - and this, as Skull carefully documents, is precisely what happened.<sup>3</sup>

In 1817, the recommendations of the Select Committees, that these asylums should be supervised by laymen and not doctors,

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<sup>1</sup>Ingleby, D. (1981) p.129.

<sup>2</sup>Kennard, D. (1983) p.23.

<sup>3</sup>Ingleby, D. (1981) p.128.

were defeated by the House of Lords.

The years following the era of moral treatment saw the consolidation of the profession of psychiatry, and of the medical control over the institutions for the treatment of the insane.

The profession's first clear-cut victory came with the passing of the 1828 Act, which contained the stipulation that all asylums should have medical supervision... With the passing of the 1845 Lunatics Act, the medical profession's claims to have the sole right to treat the mentally disordered received statutory endorsement - doctors now controlled the only legitimate institutions for the treatment of the insane, and also began to profoundly influence the way the mental disorder was to be construed by lay opinion.<sup>1</sup>

Some dawning awareness of the importance of the social context of psychiatric treatment - the motivating insight of the 'moral treatment' movement - was again finding clear articulation in the early decades of the twentieth century. Of some importance were the writings of humanitarian reformers such as Clifford Beers, who, following his experience of hospitalization, and the success of the book in which he described the conditions he encountered, went on to establish an influential educational group which lobbied for reforms in mental health. Of more lasting significance was the growing influence of psychoanalysis, and the new science of sociology, which was to some extent inspired by psychoanalytic researches. Common to each of these sciences was a concern with the interaction between persons; and it

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<sup>1</sup>Ingleby, D. (1981) p.129.

was largely through their influence that the therapeutic situation of the hospital came to be seen, and spoken of, in interactional, or interpersonal terms. Of particular importance in the bringing together of these two influences was H.S. Sullivan, who wrote in 1931, in connection with schizophrenic disorders, that "not sick individuals, but complex, peculiarly characterized situations were the subject matter of research and therapy."<sup>1</sup> Sullivan's interest was now turned not only to the patient-therapist relationship, but also the 'social milieu' in which this relationship was set; his subsequent studies led him to hypothesise that the milieu was one of the major factors contributing to therapeutic outcome. And, according to Thompson, it was in his lectures of 1938-40 that Sullivan is reported to have first used the term 'therapeutic community', "to describe the nature of an experimental psychiatric milieu in which the intrinsic features of the living situation were seen to play a major role in patient progress."<sup>2</sup>

Despite these formative influences, it was not until the years following the Second World War that the therapeutic community 'movement' became established as a significant and articulate voice within British Psychiatry. Several factors may be mentioned as having a direct bearing upon the emergence and growth of this 'new force'. Amongst the first of these we may consider the 'open door' policy and the new

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<sup>1</sup>Sullivan, H.S. (1931) p.977-991. Quoted in Thompson, R.D. (1976) p.96.

<sup>2</sup>Thompson, R.D. (1976) p.99.



notion of 'voluntary admission'.

The 1953 W.H.O. report on mental health was already speaking of the 'proper role' of the mental hospital as being that of a therapeutic community. "If the psychiatric hospital is to be a therapeutic community it must gradually impose upon recovering patients the responsibility which citizenship of the wider community implies...life within the hospital, should as far as possible, be modelled on life within the community in which it is set."<sup>1</sup> It must be remembered that when these proposals were introduced, most hospitals subscribed to the notion that mentally ill people should be locked up for their own good, if not for the safety of others around them, and it was only gradually that these locked door policies came to be more or less abandoned by the end of the fifties. It is, incidentally, a mistaken belief that the opening of the wards was brought about by the co-incident introduction of tranquillizers, since discharge figures show a rise that antedates the 'success rate derived from drug use'.<sup>2</sup> A further turning point in this movement away from the hospital as a largely custodial institution was the 1959 Mental Health Act which gave status to the notion of the voluntary in-patient, and which stipulated that "as much treatment as possible, both in hospital and outside should be

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<sup>1</sup>W.H.O. Report, 1953. Quoted in Thompson, R.D. (1976) pp.107-108.

<sup>2</sup>See Thompson, R.D. (1976) p.109. See also Clark, D.H. (1974). Writing of Bell and his colleagues at Dingleton Hospital, Melrose, who were innovators in the 'open door' mental hospital policy, Clark says that they 'were an example to all of us. They showed it was possible; when we had tranquillizers it became easier'.



given on an informal and voluntary basis".<sup>1</sup>

A second, and most important influence upon the emergence of 'therapeutic communities' was provided by the new group analytic approaches to psychotherapy, whose methods grew out of the expediencies of having to treat numbers of patients within military neurosis units during and immediately following the Second World War. The now legendary stories of Bion, Foulkes, and Tom Main at Northfield Hospital, and of Maxwell Jones at Mill Hill have been extensively written up elsewhere; in reading them we are left in no doubt as to the close intertwining of the group analytic and therapeutic community movements.<sup>2</sup>

A third factor was the influence of occupational therapy, and the growing recognition of the potential therapeutic value of 'work situations'. Modern occupational therapy begins with the work of Hermann Simon in Germany, which was subsequently taken up with particular interest by the Dutch. Following a study of the Dutch work by British psychiatrists, arranged by the English Board of control in 1933, the introduction of workshops, the establishment of the role of occupational therapist, and the expansion of occupational therapy facilities continued to be a feature of psychiatric hospitals throughout the late forties and early fifties.

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<sup>1</sup>Quoted in Thompson, R.D. (1976) p.114.

<sup>2</sup>See, for example, Kennard, D. (1983) pp.42ff. and Main, T. (1977).

The overall contribution that these examples of teamwork made to later milieu therapy projects can be gauged from the consistent emphasis that was laid upon stimulation of patients rather than neglect, joint consultation and delegation of responsibility, social rehabilitation rather than institutional isolation, and significantly, sexual integration during 'working hours' - considered by many administrators at the time to have been unmanageable. It was found that not only did occupational therapists find it easier to manage mixed groups but that 'once patients began to mingle, it began to look like a normal community'.<sup>1</sup>

Fourthly, we may mention the growing tide of empirical studies which questioned the efficacy of psychiatric institutions. By the late 1950s, a growing number of disquiets as to the effects of long term institutionalization were being voiced. There was already, for example, Barton's well-known study of 'institutional neurosis', a state said to be characterized by "loss of interest, especially in things of an impersonal nature, submissiveness, apparent inability to make plans for the future, lack of individuality and sometimes a characteristic posture or gait".<sup>2</sup> Barton claimed that after four years in hospital most patients suffer from two conditions: schizophrenia and 'institutional neurosis'. This latter condition was described as a 'secondary symptomology' in that it derived from the negative effects of incarceration and was not diagnosable on admission to hospital.<sup>3</sup>

The discovery of iatrogenic features of mental hospital treatment co-incided with - and in some ways

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<sup>1</sup>Thompson, R.D. (1976) p.112.

<sup>2</sup>Barton, R. (1959).

<sup>3</sup>See Thompson, R.D. (1976) p.124.

reflected - the growing influence of sociological thinking upon psychiatric practice. The earlier sociological studies of mental hospital life of Deutsch (1948),<sup>1</sup> Stanton and Schwartz (1954)<sup>2</sup> and Caudill (1958)<sup>3</sup> were followed by the definitive work of Goffman, who, in a series of studies carried out between 1956 and 1962,<sup>4</sup> demonstrated quite unequivocally the pathogenic features which mental hospitals share with other 'total institutions' such as prisons. At the same time, a number of lesser studies, this time conducted by psychiatrists themselves, contributed to a growing awareness that the involvement of doctors and nurses itself played an important part in the treatment process of mental patients.

There was, for example, the Insulin story. Introduced by Sakel in 1935, insulin coma therapy became widely adopted as a form of treatment for schizophrenic patients.

Many chronically ill patients, given up as hopeless, made dramatic recoveries; many acutely ill patients recovered far quicker than was expected. Because it was a dangerous and occasionally fatal treatment, a well-organized and highly trained staff team was necessary. Many hospitals set up an 'insulin unit'; because this was often the most exciting and rewarding section of the hospital, it attracted the keen, eager well-qualified young doctors, nurses and attendants. They formed tightly knit teams, working together through crises and long dramas of life-saving so that they came to know and trust one another as colleagues and comrades... To the visitor it

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<sup>1</sup>Deutsch, (1948).

<sup>2</sup>Stanton, A.H. and Schwartz, M.S. (1954).

<sup>3</sup>Caudill, W.A. (1958).

<sup>4</sup>See e.g., Goffman, E. (1961).

was striking how different the relationships in a good insulin unit were from the rest of the hospital. The staff were on easy, confident terms with one another, with private jokes and a special jargon; the patients were spoken to warmly by their Christian names, spoon-fed, and encouraged; all played games together in the afternoon, patients, nurses and even doctors. But little of this was mentioned in the publications, which still discussed varieties of insulin, dosages, potentiators, frequency and depth of comas, symptomatic prognosticators, and such individual, unemotional 'objective' considerations. This treatment continued in vogue for nearly twenty years, despite a few critical voices. Then Bourne voiced the growing challenge, and Ackner, Harris and Oldham, in a classic study, showed that whatever the effective agent was, it was not insulin. Attention then turned to the intensive group experiences provided in an insulin unit and the possibility of understanding and using them.<sup>1</sup>

And subsequent studies indeed confirmed that insulin treatment recoveries from schizophrenic conditions owed more to the attentions of the medical staff administering the drug than to the properties of the drug itself.

One final factor must be mentioned. It was not so much a conceptual breakthrough, nor even a full-bodied realization of the utter inappropriateness of the traditional mental hospital as a place of healing for the troubled mind, which was concretely, perhaps, to prepare the way for the acceptance of an 'interpersonal' approach to psychiatric treatment. It was, rather, the development and application of an increasingly sophisticated psychopharmacology. Psychiatry's revolution was also chemistry's. It was, as Thompson puts it, "advances in psychopharmacology which provided the breakthrough that was needed to ensure the

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<sup>1</sup>Clark, D.H. (1971) pp.6-7.



stability of the milieu in which the patient was to be treated".<sup>1</sup>

Whether or not we conclude at this point that the 'humanization' of psychiatry is little more than a 'tranquillization', is irrelevant to this evident truth: that a great deal of soundness underlies most of the insights which have led to the development of therapeutic communities. It is perhaps, ironically, the very soundness, common-sense obviousness of these insights which contributes to the fact that, in many important regards, they remain insufficiently thought through, their implications insufficiently recognized or realized. It is thus that one might speak of sensing, within the therapeutic community movement, a latency which remains obscured, an argument which everywhere is touched upon, yet nowhere is heard through.

There is, in fact, throughout the literature on therapeutic communities, a tension between two fundamentally opposed tendencies or inclinations. First of all, therapeutic communities, almost without exception, propose a de-medicalization, de-technologization, de-institutionalization of psychiatric treatment. This movement, followed through, leads quite logically to an abandonment of the hypothesis of mental or psychological illness as a condition people suffer from, and to a complete revision of the way in which the facts giving rise to these notions are seen. At this point, a radical transformation of thinking and practice does indeed become possible.

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<sup>1</sup>Thompson, R.D. (1976) p.106.



But this movement cannot be followed through, since it remains locked within a wrong epistemology. What was referred to as the therapeutic community 'impulse' remains sedated within an epistemology appropriate to the treatment of illness and psychological disorder, but quite inappropriate to an elucidation to the meanings and textures of ordinary life, which constitute the context and ground whereupon we might understand its variations. So long as therapeutic communities remain embedded within this epistemological framework, they will continue to represent alternative forms of treatment. An adequate approach to a community that is to be authentically therapeutic, however, requires a radical departure precisely from this structure of alternatives.

### A Culture of Inquiry

The term 'therapeutic community' is usually acknowledged to have been coined by Dr. Tom Main, in describing the work done at Northfield Hospital during the latter part of the Second World War.<sup>1</sup> In 1946 he wrote: "The experiment is an attempt to use a hospital not as an organization run by doctors in the interests of their own greater technical efficiency, but as a community with the immediate aim of full participation of all its members in its daily life".<sup>2</sup> Writing more than thirty years later, Main suggests that

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<sup>1</sup>See, e.g., Clark, D.H. (1974) p.29.

<sup>2</sup>Main, T. (1946).

the therapeutic community "involves the total community in a culture of inquiry into the nature of the social processes within, and how far these truly succeed or fail in caring for the specific individuals in it, both patients and staff".<sup>1</sup> In this same article, he proposes that "the treatment and administration can be thought of as one total clinical activity". Main fails to notice that 'culture of inquiry' and 'total clinical activity' belong to very different epistemologies.

The medical model, of which 'total clinical activity' speaks, assumes the existence of - or sees as self-evidently given - 'mental illness', as a substantive entity-condition, causally determinative of behaviour. To this condition, which the other is seen to be suffering from, or to the other as 'the owner of the illness', treatment is offered or applied as a means towards an end. This means of proceeding assumes, or takes as self-evidently given, the nature of the condition, the desired goal of treatment, and the appropriateness of certain specified means to bring about these goals. Now in fact each of these 'givens' continues to be the source of much critical and often impassioned debate amongst social scientists and philosophers, as well as between the various professionals concerned - psychiatrists and 'anti-psychiatrists', psychoanalysts and psychotherapists, and it would be quite erroneous to suppose that these matters have in any way been 'resolved'. Whatever such 'resolution' might turn

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<sup>1</sup>Main, T. (1980) p.55.

out to be, it clearly does not simply await 'further findings' or definitive studies. There is no shortage of 'material' fed into the psychiatric debate, which is less uninformed than unreasoned. No student of the state of psychiatry capable of scientific impartiality and reasonedness could fail to recognize the role which vested interest plays in obscuration of reason. On the face of it, therefore, there would indeed seem to be very good grounds to welcome Main's call for a 'culture of inquiry'. But it is curious logic which both calls for a 'total culture of inquiry' and at the same time incorporates this as yet another ingredient contained within the overall directives of a pre-existing clinical activity brought to bear upon the 'owner of the illness',<sup>1</sup> since it is precisely the nature of 'mental illness', and the assumption that it is the sort of thing which people 'have' which demands most especially to be questioned.

Every inquiry is guided by a question. The question which initially guided Main's inquiry essentially was this: to what extent is the clinical effectiveness of the psychiatric unit, hospital or community within which treatment is applied to patients, impeded by the interpersonal difficulties and problems which beset all of its members, staff as well as patients. His conclusions are quite clear.

When I got there I found the usual hospital convention of regarding all the staff as being totally healthy, and if wayward, overridden, reprov'd or disciplined; and all patients as being totally ill, and if wayward to be tolerated as not real people and treated with charity, drugs or psychotherapy - that is to say social splitting and

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<sup>1</sup>Main, T. (1980) p.54.

the projection of health and illness were part of the social order... One evening I suddenly realized the whole community, all staff as well as all patients, needed to be viewed as a troubled larger system which needed treatment.<sup>1</sup>

As examples of disorders common to the community as a whole, staff at all levels as well as patients, Main refers to: 'unconscious fantasies', 'blind mutual projection of evil', 'distorted perceptions', 'defensive use of roles', 'resistances', 'unthinking staff-based discipline', 'unbearable anxieties', and 'rigid defences against them', 'projection of hostilities', 'loss of the hope of insight', 'creation and maintenance of various split-off sectors', into which are projected 'evil and disorder', 'projective defences against studying more painful interpersonal conflicts in depth', 'persecutory anxiety', 'disownment of responsibility', 'the fear of being attacked', 'acting out of anxieties', 'suspiciousness', 'collusive splitting and protective defences against pain', and 'social splits, especially insofar as patients may be used as containers of childishness and helplessness'.<sup>2</sup>

Main is making a diagnosis of those treatment units with which he is familiar, and he is indicating in no uncertain terms that their 'interpersonal life' is far from being healthy. It is, he says, precisely the resolving of such 'social splits' which is the "never ending task in any hospital aiming to be therapeutic".<sup>3</sup> The 'troubled larger

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<sup>1</sup>Main, T. (1977) p.6.

<sup>2</sup>Ibid. p.17.

<sup>3</sup>Ibid. pp.13-14.



system', therefore, itself needs treatment if it is to be therapeutic for all. The treatment which Main proposes is the creation of a 'total culture of inquiry', "to examine, understand and resolve the tensions and defensive use of roles which are inevitable in any total system".<sup>1</sup>

According to Main, a 'culture' or 'folkways' of 'patient honest inquiry into difficulties'<sup>2</sup> is the single most important element in a community that is to be truly therapeutic, a community whose 'hallmark is not a particular form of social structure but a culture of inquiry'.<sup>3</sup>

It is not the structure but the culture which is decisive for the relations on offer.<sup>4</sup>

Over and above efficiency and social structure, the culture, the ways people in the structure relate to one another - is decisive for whether people in the structure treat one another's roles with distance or warmth, enmity of friendliness, respect or contempt, concern or coldness.<sup>5</sup>

It is the culture, then, which is decisive for the therapeutic community. And it is what Main calls a culture of inquiry which in effect provides a 'treatment' for the community as a whole, staff as well as patients, a treatment whereby the interpersonal difficulties which beset all members of the community may be 'understood' and 'resolved'.

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<sup>1</sup>Ibid. p.11.

<sup>2</sup>Ibid. p.15.

<sup>3</sup>Ibid. p.16.

<sup>4</sup>Ibid. p.15.

<sup>5</sup>Ibid. p.15.



At this point, we may mention two difficulties which seem to have arisen. The first concerns the manner in which Main is using the word 'culture'. The second, to which we shall return in the following section, introduces a certain amount of confusion which surrounds the notion of 'treatment'.

The sense in which Main is speaking of cultural experience is not clear. When he speaks of the culture of a hospital, a unit or a battalion, he seems to have in mind something like the spirit or ethos of the place; and in this sense the claim that this ethos is important is clearly intelligible. But at the same time, Main speaks of the culture rather as an instrument, an 'instrument of inquiry', by claiming for example that 'the culture aims at freeing the initiative of patients so that they may undertake responsibilities, it has the same aims for staff'.<sup>1</sup> The question now presents itself, who sets these cultural aims? Who aims the culture? The answer is clear: 'culture spreads from the top in any hierarchy'.<sup>2</sup> The culture follows the leader:

it is decisively influenced by the ways the organizational heads relate to others. As they relate to their immediate sub-heads, so will these relate to their staffs, and their staff to their juniors. In a therapeutic community, where a culture of patient, honest inquiry into difficulty is needed, with interest in understanding in depth the personal systems, the systems, group systems and the community system, it seems essential that the culture be initiated by the heads of the community organization.<sup>3</sup>

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<sup>1</sup>Main, T. (1980) p.61.

<sup>2</sup>Ibid. p.55.

<sup>3</sup>Main, T. (1977) p.15.

But if the culture is administered from the top, and has accordingly a specific purpose and aim - in what senses may we still speak of it as a culture?

Within Main's discussion of culture, one emphasis may clearly be discerned: it is a unitary culture whose implementation or initiation proves to be decisive. This contrasts with the 'two cultures' - staff and patient - more typically associated with hospital life. Here, in this case 'it is one culture for all - an entity'.

The nurses or their counterparts do not seek to do things to patients or for patients, but with patients. Their patients are theirs, and they are their patients...the culture is one entity, a patient/staff culture and not one for staff and another one for patients...<sup>1</sup>

Informed patient participation in organizing and running the ways of a hospital is possible...<sup>2</sup>

The way staff members are cared for and taught, related to and recognized as singular people, is their model for how they will treat their patients.<sup>3</sup>

This cultural entity is further characterized by its stress upon informality. By no means does Main wish to suggest by this that the efficiency of the organization as a whole will be increased by the 'blurring of roles'. On the contrary, he is most explicit in stating that 'efficiency requires clear, unshakeable roles for all'.<sup>4</sup> The informality of the culture, rather, will be reflected in the manner in which

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<sup>1</sup>Main, T. (1980) p.61.

<sup>2</sup>Main, T. (1977) p.13.

<sup>3</sup>Main, T. (1980) p.61.

<sup>4</sup>Main, T. (1977) p.15.

the duties and responsibilities accorded to each of these roles will be discharged.

Whether the responsibilities in such a clear system will or will not be discharged in an authoritarian or a humane manner will not be the result of the structure's clarity but will depend on the character of people and the culture, the folkways of the organization. Clarity of structure and of roles actually enhances efficiency and minimizes conflicts between roles and about responsibility and allows examination of remote manoeuvre. I join the inability of Raskin to regard role blurring as therapeutic, for a community.<sup>1</sup>

The culture, then, is the 'folkways of operating an organization, including the informal ways people relate to each other'.<sup>2</sup> But are we not again forced to question Main's choice of his key term - culture? Is he not recommending a policy with a view to the more efficient running of an organization, a policy which, at the same time as underscoring the notion of 'unshakeable roles for all', suggests that the enactment of these roles may more fruitfully be approached within an ambiance of a carefully contrived informality. But a culture does not merely allocate our roles and the parameters within which they may be enacted; it is rather a source from which we all draw, and whose traditions, in their cultivation and handing on, enable us creatively to express the ambiguities of freedom and commitment, of originality and faithfulness.

This notion of tradition is touched upon, again in the context of a discussion of therapeutic work, by Winnicott, who proposes that originality is possible only on the basis

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<sup>1</sup>Ibid. p.15.

<sup>2</sup>Ibid. p.15.

of a cultural tradition of which he writes:

In using the word 'culture' I am thinking of the inherited tradition. I am thinking of something that is in the common pool of humanity, into which individuals and groups may contribute, and from which we may all draw if we have somewhere to put what we find.<sup>1</sup>

But does not this stress upon tradition - the common pool of humanity - contrast with the professionalised expertism of which Main speaks, where

it seems essential that the culture be initiated by the heads of the community organization. They are thus required to practise true professional respect and professional concern for each other and for their immediate subordinates.<sup>2</sup>

For how, in the initiation of this culture, do these professionals show the source from which they draw, and furthermore, its commongroundedness, and accessibility to us all?

When in the name of 'total inquiry' a 'culture' excommunicates certain powerful areas of cultural experience, by aiming its very inquiry as an instrument of treatment, do we not approach that privative cultural domain, that of the cult? In Main's account, the therapeutic community was a

sudden insight, a major conceptual shift, a new way of viewing events in a hospital. It also demanded appropriate viewing instruments. At this level of system - a whole community - techniques of investigation and intervention had still yet to be devised.<sup>3</sup>

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<sup>1</sup>Winnicott, D.W. (1974) p.116.

<sup>2</sup>Main, T. (1977) p.15.

<sup>3</sup>Ibid. p.11.



This 'where' of cultural experience is a long way indeed from the 'potential space', the between, the space of creative play and originality of which Winnicott writes. Where, in his telling phrase, do we put what we find, if what awaits it is an appropriate viewing instrument in the service of intervention.

### Treatment

A certain amount of confusion seems, typically, to surround the notion of treatment, as it arises within the therapeutic community literature. Consider the following statement by Main: "The way the staff members are cared for and taught, related to and recognised as singular people, is their model for how they will treat their patients".<sup>1</sup> The confusion here seems to arise between two quite different stands or orientations: between 'treating' someone (e.g. providing a 'treatment') and treating someone, for example, 'well'; or between 'treating' someone, and noticing how we are treating each other. This distinction is crucially important in the context of an inquiry into the 'culture' of a community, and how such a culture may be therapeutic. For when one person is treating another with respect to his mental illness, very severe limitations indeed are placed upon the likelihood of these two persons getting to know one another, or arriving at the possibility of finding themselves upon a common ground.

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<sup>1</sup>Main, T. (1980) p.61.



A doctor treats his patients. He brings special skills to bear upon particular conditions - which may sometimes only be visible to his trained eye, or with the help of medical technology - and with a defined end in view. Here, the word 'treat' is being used in a very specific sense.

But all human beings, whether they like it or not, are, in one way or another, 'treating' each other all the time. Treatment in this broader sense refers to our manner of conduct towards the other. It reflects our degree of concern or involvement with the other and the manner in which this is lived out. Thus we speak of being treated considerately or thoughtfully, or on the other hand unkindly or selfishly. Treatment in this sense of behaviour towards is not something we do sometimes and not other times, for we cannot do otherwise than to conduct ourselves towards others, to treat them in one fashion or another.

We may of course be more or less mindful of the ways in which we treat others, or one another. It is possible not to realize that someone is being treated badly until this is pointed out to us. It is possible, moreover, to treat someone quite badly oneself without being particularly aware of it. Similarly, one may be more or less aware of the ways in which other people are treating oneself; it is not uncommon for a person to put up with appalling treatment at the hands of others, whilst at the same time indicating very little awareness that this is the case.

This sense of treatment is quite distinct from the sense in which a doctor, dentists or nurse might offer

treatment. A doctor is free to treat his patients, or withhold treatment. He is certainly not free to withhold his behaviour towards his patients. He might find himself, under certain circumstances, saying "I'm not going to treat any more patients tonight" or "I refuse to treat Mrs Jones", but these remarks of course speak of a certain manner of treating his patients.

My treating someone well or badly refers to my conduct towards that person, as a person. It makes very little sense to say that I treated someone's head badly, even if I punched him unconscious. A doctor, on the other hand, might quite reasonably say that he was pleased or dissatisfied with the way he had treated a broken leg. This sort of treatment always has an end in view, whereas I might well treat someone thoughtfully or decently without having any end in view at all. Not only are many of our conducts towards one another 'for their own sake'; some conduct or modes of conduct can only (if authentic) be for their own sake, and cease to be what they are when they are performed or engaged in for some ulterior purpose.

We have seen that Main, in his notion of culture, is drawing some degree of attention to the ways in which people treat one another, and to the relevance of this to the overall context of treatment. He has indicated some of the difficulties between persons which call for this contextual treatment. We may now ask whether there are any 'especial' difficulties which beset those who are specifically designated as patients. And whether any specific treatments,

in addition to the 'treatment for all', are required by these patients.

Main does not - at least in the articles from which I have quoted - spell out in any detail the sort of characteristics whereby patients may be distinguished from staff, other than claiming that they are mentally ill, 'sick', 'ill', 'liable to distort reality', and 'fail to understand others', although he adds that 'such failures are as common among staff as among patients'. He refers also to 'annoying inefficiencies' of patients, and gives as an example of 'inefficient individuals' those who were "recognizably pre-occupied with intrapersonal problems such as personal mourning for multiple comrade loss, and other such intra-systemic problems which were not primarily disturbances of relations with the present objects".<sup>1</sup>

Is the treatment of the community as a whole - the culture of inquiry - sufficiently effective a therapy to heal these specific sicknesses, mental illness proper? Main feels not, although it helps. Main divides the sick person into two parts, one of which may directly engage in the therapy of the treatment culture, while the other part benefits indirectly, as a consequence of the staff being able to do their job more efficiently.

Psychiatric patients are sick as people, but not sick all through... Their skills and healthy parts need not be ignored in daily life in hospital as in the medical model which

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<sup>1</sup>Main, T. (1977) p.10.



concentrates only on the sick parts.<sup>1</sup>

The healthy parts of the sick personality may therefore take part in the culture of inquiry which is the hallmark of the effective community. "Informed patient participation in organizing and running the ways of a hospital is possible."<sup>2</sup> The sick part continues to be treated medically. Thus:

By altering the relations sought by staff and patients a hospital can become less anti-therapeutic and more therapeutic for all, and yet still allow room for the appropriate practice of the medical model.<sup>3</sup>

Certain staff, usually medical or psycho-therapeutic, may be required to investigate especially the illnesses and incapacities of patients and to prescribe and monitor drugs; for the concept of a therapeutic community does not exclude these. Indeed, they operate best in a society which is concerned with whole people.<sup>4</sup>

Finally, Main informs us that "this attempt to create an atmosphere of respect for all and the examination of all difficulties would be a long way from the medical model".<sup>5</sup>

A very similar equivocation of position, which may be seen again to pivot around the notion of 'treatment' is to be found in the writings of Maxwell Jones, who, along with Main, is one of the pioneers or founding fathers of the therapeutic community. Maxwell Jones appears on the face of it to adopt a critical stance towards the medical treatment

<sup>1</sup>Ibid. p.13.

<sup>2</sup>Ibid. p.13.

<sup>3</sup>Ibid. p.13.

<sup>4</sup>Main, T. (1980) p.62. (My italics.)

<sup>5</sup>Main, T. (1977) p.11.



of mental illness, which indeed seems to infuse his whole conception of the therapeutic community.

It is difficult to understand why in the past psychiatry has been content to imitate the practices and principles of general medicine...<sup>1</sup>

In a manner typical of the arrogance which characterizes the modern mental health movement, the term 'psychopathology' was coined so that certain forms of deviancy, later to be elaborated into ever more diagnostic categories, were created<sup>2</sup> as types of 'illness' and so 'treated' by doctors.

We note the placing of the word 'treated' in inverted commas, and the implied radicalness of his critical position. Writing of the resistance to his early work, Maxwell Jones states that 'an approach to 'treatment' based on social organization and using the social environment of the 'patient' to effect change had little appeal for academic psychiatry'.<sup>3</sup>

Maxwell Jones writes that "the social structure and function of the psychiatric hospital need to be examined critically...indeed the word hospital with its implications of sickness is inappropriate to psychiatric practice".<sup>4</sup> In a manner reminiscent of Main's culture of inquiry, Maxwell Jones proposes that all 'treatment units' might 'attempt a fresh start, questioning all their basic prejudices and preconceptions and involving the 'patients' as people right from the start".<sup>5</sup> Jones proposes, then, that psychiatry turn to the 'therapeutic potential' of the community. Yet

<sup>1</sup> Jones, M. (1968) p.(x11).

<sup>2</sup> Jones, M. (1979) p.4.

<sup>3</sup> Ibid. p.2.

<sup>4</sup> Jones, M. (1968) p.127.

<sup>5</sup> Jones, M. (1979) p.7. (My italics.)

what does this radical departure from tradition actually amount to?

The trend now is wherever possible to maintain the mentally sick person in the community,<sup>1</sup> rather than incarcerate him in an institution.

It is our conviction that the setting in which treatment occurs is extremely important. At times it may determine whether or not a particular treatment method (psychological or physical) is effective. So far hospitals and community treatment programmes have paid remarkably little attention to this significant aspect of treatment, and the therapeutic community represents an attempt to correct this state of affairs.<sup>2</sup>

Maxwell Jones' thinking of the therapeutic community clearly is essentially medicalistic throughout, notwithstanding his preference, in his later writings, to talk of 'deviancy' rather than 'illness'. His writings do, however, place an inflection upon the concept of 'therapeutic community' which differs from that of Main. Whereas Main is proposing a communalization of the hospital, Jones proposes the hospitalization of the community.

The family and work situations are seen as having increasing possibilities for the treatment of mental illness.<sup>3</sup>

Hospital treatment plays only a small part in the care of the mentally sick. Precare and after care are equally important if the treatment<sup>4</sup> of the patient and his family is to be successful.

Maxwell Jones proposes "to improve communication between hospital and community",<sup>5</sup> and finally speaks of the community

<sup>1</sup>Jones, M. (1968) p.111.

<sup>2</sup>Ibid. p. (xiv).

<sup>3</sup>Ibid. p.111.

<sup>4</sup>Ibid. p.111.

<sup>5</sup>Ibid. p.112.

at large as the 'extra-hospital dimension'.<sup>1</sup>

Now interwoven within this predominantly medicalistic thinking - and at the same time unable to find any coherent expression within the constraints of its particular epistemology - there runs a perfectly coherent thread of argument, which may be picked up and developed quite independently. It is an argument which does not 'take' well within a medical culture. It proposes simply that the ways in which people treat one another, and are treated by one another has a direct bearing upon, and may be determinative of their health and well-being. This surely is precisely what Main is claiming when he suggests that "a community may become therapeutic as a social organization no matter what individual treatments were or were not offered".<sup>2</sup> For the salient characteristics of a 'social system' which might be therapeutic for all are articulated in terms such as 'joint recognition of each individual's capacities and limitations', 'respect for the other', 'getting to know the other well as a person', and 'the attempt to create an atmosphere of respect for all', all of which refer to 'the ways in which people relate to each other'. Now there is of course nothing particularly 'medical' about any of these ideas, which are simply a part of the vocabulary of everyday life. In effect Main is proposing here that what is determinative for 'mental health' is the ethical stand which people take up with respect to one another; whether, and how they care

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<sup>1</sup>Jones, M. (1968) p.110.

<sup>2</sup>Main, T. (1980) p.53. (My italics.)



for one another. And these sentiments are echoed throughout the therapeutic community literature, where words like 'brotherly love', 'honesty', 'openness', 'directness', 'concern', 'sharing', 'relating', and so on, are incessantly invoked in the attempt to characterize the ethos most conducive to the restoration and maintenance of mental and emotional well-being.

One may detect in the use of these words a fleeting reference to a 'concern' before it becomes medicalized. Any therapy is predicated upon care or concern. The 'latent' argument which I have pointed out returns to the meaning of concern in its more original and pre-medicalized form; it would regard as crucially important the question of what people living together in a community mean to one another. This line of argument does not lead to the conclusion that 'ordinary human decency', or 'caring' is all there is to psychotherapy, or to living in a therapeutic community. But it does bring more clearly into view what usually is merely assumed, an ethical ground; and it suggests furthermore that the therapeutic attitude most proper to a therapeutic community might consist most fundamentally of an elaboration, opening up, or 'cultivation' of this ground. But within the ethos of treatment characteristic of therapeutic communities, the ground of these actions whereby concern may be realized undergoes a subtle but crucial transformation, so that we arrive at the point where "the ability to value others and at the same time relate honestly" becomes a "therapeutic



tool".<sup>1</sup>

### The Medicalization of Concern

Where people turn to medical expertise for instruction as to the easing of the burden of life's misfortunes and for the relief of their life's suffering; or for instruction as to how to conduct oneself towards another in the face of his misfortunes or sufferings; when the availability of some solution or prescription is assumed which meets the occasion of any of life's problems, and so much so that it becomes 'unethical' to allow a person to suffer what now can be 'avoided', then we may speak of concern having become medicalized.

We may also speak of concern having become 'medicalised' when the 'mental health' of the members of a community - rather than being seen as a well-being which is generated in the warming-to-one-another of 'communality' - is thought of as being 'delivered' by members of a 'team' (where patients or residents make effective use of their roles as auxiliary therapists) and targeted on the pathologies of each of its members.

Consider the following proposition, again taken from the writings of Main.

Different pathologies need different social processes, especially designed for the special nature of the people they treat.<sup>2</sup>

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<sup>1</sup>Jansen, E. (1980) p.9.

<sup>2</sup>Main, T. (1980) p.62.

Notice that this claim - notwithstanding the author's explicit and much repeated concern for 'the ways people relate to one another', which presumably is a matter of how people act towards and interact with one another - belongs to a different order of statement entirely from that which speaks of personal action. It does not say, for example, that it might be appropriate to conduct oneself differently towards different people according to the states of mind and circumstances in which they find themselves. Nor does it suggest that the cultivation of sensibility towards the distresses of others in the positions at which they arrive might be of any relevance to the question of what constitutes appropriate conduct. Instead it informs us that 'specially designed' 'social processes' 'treat' the 'psychopathologies' of people of a 'special nature'. Such a statement, so skilfully designed to avoid any reference to persons, or to what might arise between persons, is particularly paradoxical, emerging as it does from within a context expressly concerned with the 'folkways' of human relationship, and their relevance to health. One is left with the impression that for Main the folkways of human relationship, within a therapeutic community at least, consist of learning to recognize different pathologies and apply the appropriate 'social processes'.

The medicalization of concern is a narrowing of concern, to the provision of a solution to a task at hand. It pre-emptes the question 'What is the matter?' with an answer that is already written out before the patient has spoken, a prescription for treatment, consisting in this case of 'specially designed social processes'. It is also a

transposition of concern, whose object is no longer the other, co-present with self, but the other as bearer of a 'special condition'. Medicalized concern, moreover, meets its object upon an operational and probabilistic ground, rather than upon a ground of possibility: given the nature of the condition and the treatment resources available, there is a certain probability that cure will be successful.

The pervasively medicalistic framework of therapeutic communities is neatly alluded to in the slogan 'community as doctor'. 'Community as Doctor' is the title of a book by Robert Rapoport;<sup>1</sup> although published more than twenty years ago, this work remains one of the key texts of the therapeutic community literature and one which still has a considerable influence. The work 'Community as Community' has yet to be written; such a volume might inform us, or remind us of the intrinsic features of community without which human well-being is unimaginable. By contrast, 'community as doctor' suggests that a community is therapeutic insofar as it offers treatment, and that such a community proceeds in some way analogous to a doctor, bringing special skills and knowledge to bear upon the sufferer of mental pain, and thereby returning him to a state of health.

Now this formulation obscures the distinction between what is administered by and what is generated between. Consequently the nature and ground of health is left unexamined. Treatments may be administered but health cannot

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<sup>1</sup>Rapoport, R.N. (1960).



be administered. An administrative notion of health as a service or a product - it is significant that therapeutic community patients are frequently referred to as 'consumers' - is predicated upon a conception of health either defined negatively, as the absence of disease, or defined normatively. Such notions do little to bring forward or show the concept of 'health', to illuminate the senses in which health may be a 'wholeness', or a unitary phenomenon to do equally with bodily, mental and emotional, personal and interpersonal well-being.

A doctor treats his patients, he administers to them, and he may succeed in getting rid of their ailments, but he cannot possibly provide them with health. The relationship between doctor and patient may be a factor vital to the patient's well-being, but the relationship is not administered, nor is it a treatment. What takes place between, that is, what is generated between people, may be healthy and wholesome, or may be tasteless and tawdry, or some mix of all these. Accordingly, quite different states of well-being may be engendered, quite different possibilities may come of it. There is all the difference in the world between a community as a doctor or treatment resource, and a community as a generative matrix or source, within which and from which health may flourish. Where this comes about, it is not through the administration of technical procedures, but by the nourishment of the roots of health, which are inseparable from freedom and responsibility, neither of which may be either administered or organized.



Ivan Illich, perhaps more than any other contemporary thinker, has drawn attention to the phenomenon of disabling medicalization. One of the ways in which 'health services' become sickening and disabling, according to Illich, is that whereby they expropriate "the power of the individual to heal himself and to shape his or her environment".<sup>1</sup> The powers of medicine, and the agents of these powers become disabling equally where they undermine the capacity of any community to look after its own affairs, or subvert whatever tendency there may be among its members to turn to one another in their hour of need. Illich has argued that the health of a community resides precisely in its capacity to look after itself, and to integrate within its ordinary life its own illness and madness.

There is, however, no more than the most superficial kinship between this idea, and that which underlies 'community as doctor'. Community as doctor represents a double sleight of hand, which, in the name of returning to the community its capacity to heal, merely endows its experts with the franchise to treat.

Therapeutic communities often seem to be proposing what is essentially an ecological approach to mental health. From ecological studies we learn of the intricate interconnectedness between the state of any part of an eco-system, and the state of the system as a whole. It is perfectly in accordance, therefore, with the insights gained from such studies to propose that a person will be more likely

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<sup>1</sup>Illich, I. (1975).

to realize well-being if he belongs to a healthy community, and one whose members enjoy one another's company, than if he belongs to a sick or a miserable one, or if he belongs to no-one at all. But 'community as doctor' fails to speak either of the health or of the generative possibilities of community. It proposes a very peculiar ecological system indeed; one with neither the ordinary roots or soil whereby a healthy life may be maintained.

CHAPTER TWO  
TECHNIQUES OF PERSUASION

Psychologism

The discovery of the 'therapeutic potential of the psychiatric environment' might be said to be the guiding inspiration behind the therapeutic community movement. This potential is seen for the most part as a 'treatment potential'; therapeutic communities being assessed according to their capacity to treat or cure mental illness. I have accordingly characterized the prevailing therapeutic community ethos as medicalistic. By this, I refer to the assumption that what is fundamentally the same sort of theoretic-practical attitude as has been adopted with certain success towards disorders of the physical organism can profitably be extended towards the amelioration of the various confusions, distresses, sufferings, torments and agonies which beset human beings, as beings.

Although this interpretation of the community as a context or modality of treatment is essentially medicalistic, there is an important sense in which therapeutic communities do in fact propose, and indeed realize, a move away from the hard line medical model. The shift of emphasis is from mental illness as a medical problem to mental illness as a psychological condition, or psychological problem.

This shift, which at first glance might seem to suggest a significant departure from the medical model, amounts in fact to little more than a shift of emphasis. For 'psychological problems' are seen, either implicitly or explicitly as having an origin or location in the



psyche, or as reflecting the damaging effects upon the psyche of its environment; in either case it is now the mind which has become the disordered organ in need of attention or repair.

The currently fashionable and anti-stigmatist catch-phrases, 'problems of living' or 'problems of relating' themselves reflect this psychologistic epistemology. That is to say, 'problems of living' are interpreted as manifestations or consequences of psychological problems seen as underlying causes or conditions. Once the root problem comes to be located thus it has undergone a crucial transposition. The problem is now no longer a phenomenon of ordinary living, contextualized in the everyday world and intelligible to any thoughtful person who is attentive to the vicissitudes of everyday living. Instead, it is located within an impersonal and quasi-scientific domain, 'the psychological', whose disorders require the specialized methods and applications of one school or another of psychology. It is, I believe, as Ingleby and others have suggested, quite correct to regard the physiological-disease-process model and the psychological-disorder models of mental illness as being 'simply two sides of the same positivist coin';<sup>1</sup> but in order to make this more clear we must first discuss the psychologism upon which the latter model, in particular, is predicated.

The term 'psychologism' refers broadly to a 'family'

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<sup>1</sup>Ingleby, D. (1981) p.34.



of assumptions as to the nature of 'mind', consciousness or subjectivity. Popularly, psychologism is usually understood as indicating that position which a person takes up when he proposes that 'it's all in the mind'. Whilst this formula does indeed reflect somewhat crudely the general tendency of psychologistic thinking, it fails to bring out an important sense in which empirical psychology, which regards consciousness as the result of objective processes in the natural world, and 'psychological disorders' as being caused by environmental factors - and which therefore seems to be adopting a position quite antithetical to psychologism - is in fact equally psychologistic.

'Psychologism' was first used to describe that philosophical position, sometimes called 'logical psychologism', which argued that the laws of logic are contingent truths which reflect the structures of the human mind, and that inquiry into the nature of logic should take the form, therefore, of empirical psychological research. This position is clearly illustrated by John Stuart Mill:

Logic is not a science distinct from, and co-ordinate with, psychology. So far as it is a science at all, it is a part or branch of psychology. Its theoretical grounds are wholly based on psychology.<sup>1</sup>

More generally, logical psychologism seeks the basis of reason, not just the thoughts we think but the ground whereby we distinguish truth from falsity, in purely psychological processes, amenable to empirical study.

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<sup>1</sup>See Natanson, M. (1983) p.49.

'Truth' becomes an affair of the mind, the province of psychology - the science of the mind. Psychologism thus becomes a scientism.

The subjectivistic tendency of Western thinking, culminating in the technological view of the present age, which interprets the world as an object-resource at man's disposal, has with Descartes already flowered into psychologism. For the bifurcation of being into res extensa and res cogitans leads inescapably to a conception of mind as a private realm in which the world appears. It is now the contents of our minds to which we have direct or immediate access; the world no longer is directly known or encountered, but is mediated, whether through the 'experience' of Locke, the 'sensations' of the introspectionists, the representations of causal chain theories of perception, the 'information' of contemporary cognitive theories, or the 'psychic images' of psychodynamic theories.

It is in this sense that Cartesianism, whether it develops in the form of empiricism or idealism, is psychologistic. "I thus clearly see that nothing is more easily or manifestly perceptible to me than my own mind".<sup>1</sup> Descartes avoids the skeptical consequences of logical psychologism by invoking a transcendent God, an avenue of escape which is not so readily available to modern psychologists, even those of a deeply religious bent such as Jung, for whom all that remains of God is a 'psychic image'.

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<sup>1</sup>Descartes, *Meditations on First Philosophy*. Second Meditation. In Anscombe, E. and Geach, P. (eds.) (1971) p.75.

Within the contemporary human sciences, examples of epistemologies which are deeply psychologistic are not hard to find. Compare the well-known statement of the nineteenth century biologist Karl Vogt: "The brain secretes thought as the liver secretes bile"<sup>1</sup> with that of Carl Jung: "As the plant produces its flower, so the psyche creates its symbols".<sup>2</sup> Thus a symbol for Jung is a psychic reality which rises from the unconscious, whence it derives its power. If different people are affected by the same symbol this is because they share a collective unconscious; we meet in the dark. According to Jung, the world of substance is an inferred world.

Far from being a material world, this is a psychic world, which allows us to make only indirect and hypothetical inferences about the real nature of matter. The psychic alone has immediate reality...<sup>3</sup>

Psychic existence is the only category of existence of which we have immediate knowledge since nothing can be known unless it first appears as a psychic image. Only psychic existence is immediately verifiable. To the extent that the world does not assume the form of a psychic image, it is virtually non-existent.<sup>4</sup>

According to Jung, all the powers that govern over our lives are psychic powers:

The world powers that rule over all mankind, for good or ill, are unconscious psychic factors, and it is they that bring consciousness into

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<sup>1</sup>See Natanson, M. (1973) p.49.

<sup>2</sup>Jung, C. (1971) p.3.

<sup>3</sup>Ibid. p.6.

<sup>4</sup>Ibid. p.10.



being... we are steeped in a world that was created by our own psyche... the psyche creates reality everyday.<sup>1</sup>

Compare with Freud:

The events of human history, the interaction between human nature, cultural development, and the precipitates of primaeval experience (the most prominent example of which is religion) are no more than a reflection of the dynamic conflicts between the ego, the id and the superego, which psychoanalysis studies in the individual - are the very same processes repeated upon a wider stage.<sup>2</sup>

From this point of view, a critical or extra-psychological philosophy becomes debauchery.

It does not surprise me that psychology debauches into philosophy, for the thinking that underlies philosophy is after all a psychic activity which, as such, is the proper study of psychology. I always think of psychology as encompassing the whole of the psyche, and that includes philosophy and theology and many other things besides. For underlying all philosophy and religion are the facts of the human soul, which may ultimately be the arbiters of truth and error.<sup>3</sup>

According to these accounts of Freud and Jung, the world reflects the mind, and displays the contents, dynamics and processes of the mind 'writ large' as history, culture and religion, the principles and laws of which are derivable from a comprehensive empirical psychology. It is more characteristic of Freud, however, to describe consciousness as an inner screen upon which physiological processes or

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<sup>1</sup>Ibid. p.7.

<sup>2</sup>Freud, S. (1936) pp.133-134.

<sup>3</sup>Jung, C. (1971) p.5.



occurrences are registered, when for example physical energies having their sources in real objects, impinge upon the senses. Here Freud inclines to an empiricist view, that the mind reflects the world. Such a position, equally predicated upon a Cartesian dualism, is just as much psychologistic, since, whilst the world is now assumed, it is seen only in its reflection or image in the mind, as a mental representation of the real. Once again the immediate datum of consciousness is an endopsychic representation, or 'experience'. The 'real world' which 'causes' experience is now defined by our experience of it.

So thorough and far reaching are the various 'critiques' of psychologism which have been developed in the course of this century - beginning with the classical mathematical works of Frege and Husserl in the 1890s - that we can do no more than mention them here, in passing. The early work of Husserl, culminating in Logical Investigations published in 1900, may be regarded as formally inaugurating the phenomenological movement, which, more than any other philosophical voice, has clearly recognized and articulated both the errors and the dangers of psychologism. To take up this story, we might turn in particular to the writings of Heidegger and Merleau-Ponty, where the implications as well as the shortcomings of Husserl's arguments are elaborated at very considerable depth. For the moment we may note merely that psychologism, in a variety of forms, continues to prosper. We may say that psychologism is evidenced where accounts of human action, behaviour and experience are couched in terms of hypothetical, underlying

'psychological processes' - where reasons, for example, become causes, and where the attempt to render life more intelligible takes the form of empirical investigations which result in a-historical a-cultural 'laws' which are supposed to govern our lives. Implicit in these accounts is the assumption that the language of psychological processes furnishes a more final and complete explanation of action and reason than may be offered by any thoughtful person, in the same way as the theory of thermodynamics enables the physicist to understand the behaviour of certain physical systems better than the layman.

Whatever regional successes there may be to scientific psychology, there seems to be little evidence to suggest that people have come to understand themselves better, or to lead richer or more fulfilling lives since its invention a hundred or so years ago. And to expect that this should be otherwise suggests a possible misunderstanding of the nature of this particular scientific enterprise. There is no logical reason why the study of psychology should give rise to self-understanding or lead to personal fulfilment any more than the study of geology or astrophysics. Any science, for example, must use a formal language, whose terms are quite explicitly defined within that particular scientific community. But scientific language is language by analogy only; and there is all the difference in the world between the use of this technical language and the 'role' which ordinary language plays in self-understanding. It is an error, or a misunderstanding, to expect or demand of psychology that it generate practices, exercises or



services of one sort or another with a view to making life more bearable, happy, or fulfilling. It is an error which seems to show itself precisely when therapeutic communities understand the nature of their work to consist of the application or putting into practice of psychological theories of one sort or another, or providing a special treatment context within which such theories may be applied.

### The Psychologization of Concern

We may speak of a community becoming 'psychologized' - whether or not it be a 'therapeutic community' - where its 'self understanding' becomes more and more indelibly couched in terms of psychological theory, or derivatives of psychological theory. This tendency may become seriously wayward when its psychologistic epistemology obscures rather than bringing into view, the primary phenomena with which a therapeutic community is concerned, namely, the vicissitudes, variations, achievements and sufferings of ordinary living, and of living together.

One form of this psychologization is illustrated by the taking up of the position that a therapeutic community might be derived from some or other psychological theory.

If...social defence systems are capable of radically interfering with the internal psychic structure of an individual, the possibility arises that a social system might be devised in which psychological growth is promoted rather than inhibited. The structure of the institution might then encourage the introjection of creative objects, rather than their projection and ultimate loss. The 'therapeutic community'

is thus generated in principle from the conception of institutionally structured psychodynamics.<sup>1</sup>

The author adds that "what the empirical structure of such a community might be remains an open question".<sup>2</sup>

Perhaps more commonly, the 'psychologization' of the therapeutic community is illustrated by the unrelenting preoccupation with the 'psychological processes' that are alleged or supposed to occur intra- and inter-psychically: and the assumption that therapeutic outcome depends upon the correct harnessing of these processes or dynamics. Again, this preoccupation is at the expense of attention being paid to the ordinary affairs of community, which include such things as friendship, conviviality, enjoyment, and the nitty-gritty of the everyday which furnishes their context. It seems to be rather generally assumed that the 'psychological' provides a deeper and more 'scientific' level of analysis, and consequently, basis for understanding.

When therapeutic attention is directed predominantly towards the contents and processes that are alleged to occur within the mind, or towards the interpersonal dynamics and psychological processes that are alleged to take place between people, as they are articulated in terms of psychological theories; or when the goal of therapy becomes psychological insight, meaning the patient's understanding of these various contents, processes and dynamics, we arrive at a prevailing ethos which may be referred to as

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<sup>1</sup>Wilson, S. (1979) p.98.

<sup>2</sup>Ibid. p.98.



the psychologization of concern. Concern, for example, has become psychologized when all psychopathology and psychotherapy is assumed to be based on 'intra-psychic processes in their interaction'.<sup>1</sup> Perhaps more starkly, concern has become psychologized when the concept of the therapeutic community is seen to be 'fairly clear cut':

We bring a group of people together, first by organizing suitable accommodation, then persuading (or compelling) them to come there, after which we make use of the ensuing internal<sub>2</sub> transactions for therapeutic purposes.<sup>2</sup>

So pervasive is this tendency of thinking that examples might be taken more or less arbitrarily from the literature. Consider, as one instance, the following:

The task is to do with the investigation by each person of his inner world of thoughts, feelings and attitudes with the intention of increasing self-understanding (including permitting expression of the - often intense - feelings which may block this process) and such re-construction of the individual's view of himself and his world as leads to improved social competence.<sup>3</sup>

Here the patient is engaged in what is at the same time an 'investigation - psychic detective work - and a process, which in either case is directed towards his inner world, the workings and disfunctions of which are better understood by the staff. Feelings block this process; so their 'expression' must, within limits be allowed. When

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<sup>1</sup>Foulkes, S.H. and Anthony, E.J. (1965) p.30.

<sup>2</sup>Crocket, R. (1979) p.138.

<sup>3</sup>Blake, R. and Millard, D. (1979) p.5.

subsequent 'reconstruction' is completed the patient will be deemed 'socially competent'; he may now have 'disengaged from morbid family dynamics', and will more successfully be 'working or parenting'.

The notion that a therapeutic community is some psychological treatment method, or a setting within which psychological treatment methods may be applied, again illustrates that which I am calling the psychologization of concern. One of the aspects of this phenomenon is that of its applicative sense of theory. That is, the community itself, as a treatment method, or the treatment methods of which it makes use are invariably described as being applications of some or other psychological theory, such as personal construct theory, cognitive theories, learning theory, systems theory, psychodynamic theories (Freudian, Kleinian, Jungian, etc.) or humanistic theories.

And here we may note that the belief that psychotherapeutic practice consists in the application of psychological or psychotherapeutic theory is by no means peculiar to therapeutic communities. It is very commonly assumed by therapists that psychological theory provides a body of knowledge or 'theoretical model' which refers to the workings of the mind, and of the ways in which, and circumstances under which the mind might fail to work properly. The art or science of psychotherapy, therefore, consists of the correct application of this general knowledge to each particular case. Thus any therapy, it is felt, stands in the same relation to its theory as behaviour therapy does to learning theory; the therapy is the practical

application of the theory. This applicative understanding of psychotherapeutic theory is common even within the critical discipline of psychoanalysis, where theory thus generates some or other therapeutic technique which allows the patient to discover for himself the workings of his mental apparatus, and thereby come to see reality more 'correctly'.

We know something about the distortions in ego-development due to anxiety ridden object relations and defensive processes directly affecting the wholeness of the ego, such as, for instance, splitting, fragmentation, pathological projective identification. The analysis of these processes restores the ego's capacity for a more correct perception of objects and enables it to achieve a more constructive object relationship... It is only through insight into one's own psyche that a better object relationship can be established in relation to both internal and external reality. The search for psychic realities remains the prime object for the psychoanalytic process.<sup>1</sup>

We shall discuss more fully the nature of psychotherapeutic theory in chapter four. For the moment we may merely propose that psychotherapy might better be thought of as the opening up of the lived, and interpersonal, world, in and through the relationship between persons. This is not an ordinary relationship, yet it is characterized, paradoxically, by its particular concern with the ordinary. The vehicle of psychotherapy is the movement or play of what is going on between the two persons, as it is articulated in language. The condition of its 'getting somewhere' is the mutual desire to enter into the spirit of that play.

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<sup>1</sup>Segal, H. (1975) p.123.



There is, of course, a considerable body of literature which could be said to constitute psychotherapeutic theory. Psychoanalytic theories, for example, are capable of throwing light upon aspects of behaviour which otherwise might remain obscure, or lacking in 'meaning'. They have extended our understanding of 'meaning', to include, for example, dreams, parapraxes and symptoms. They are capable of showing that aspects of our life which otherwise might seem to have little to do with one another - for example childhood and adult experience, antithetical feelings, and so on - belong together, or within a unitary structure. They also are rhetorically powerful in their capacity to invoke through a particularly evocative language. The image of the paranoid-schizoid baby destroying the breast might have considerable power to bring to the attention of therapist and patient alike the meaning of envy, and the part which it might play in the impoverishment of life. Psychotherapy, however, does not consist of a theory and a method, the latter being some application of the former. Insofar as we may speak of a method of psychotherapy, it is a dialogical method, which is entered, not applied. The preoccupation with methods and techniques which is so characteristic of the therapeutic community literature obscures the much more fundamental questions to do with the positions which people take up with regard to one another. There could be no applicative method of finding one's position with another, that is, where one stands with another - since any application already presupposes a position. One takes up a position; and where the position one takes up is one of some openness to the possibility of finding one's way with



the other, some degree of mutual negotiation of the twists and turns of some common path is entailed. This path will be negotiated in accordance with sensibility and attentiveness to the various situations which unfold. And in this sense, there could be said to be all sorts of ways of finding out where one stands, for example, playing golf together, chatting over a drink - or engaging in the more formally structured dialogical situation of psychoanalysis.

The patient who asks of a therapist with whom he proposes to enter psychotherapy: What method do you use? suggests that his problem is not at all what he takes it to be. It is more serious.

When psychotherapy becomes an applied psychology, it exemplifies a technological mode of practice. A great many of the tinkerings and practices of therapeutic communities, including these which illustrate what I have called the medicalization and psychologization of concern, are more or less crudely technological. That is, they are devices designed to produce 'change', correct 'deviation', lead to 'insight', and so on, where these various goals, as well as the appropriateness of the means to bring them about, are approached quite uncritically. We shall now discuss this technological mode, under the heading of the 'therapeutic community process'.

### The Therapeutic Community Process

In their more extreme forms, the 'socio-technical systems' which serve as 'theoretical models' of therapeutic

communities, come close to self-parody. Consider, for example, the following "The human institutions... deal with human beings as their throughput...".<sup>1</sup> In the case of therapeutic communities, "their object is therapy. What exactly does that mean? How clear is the typical therapeutic community about the precise change it hopes to achieve in its client population?"<sup>2</sup> These institutions

are orientated to producing more effective members of society but what they mean by that differs considerably... The basic model is an open system where the organization imports material from the environment, converts the material into something different and re-exports it to the environment. In the case of humane institution the most significant import is, of course, the human import of clients who must be 'converted', i.e. changed, and sent back to the outside environment hopefully more able to sustain life there effectively.<sup>3</sup>

One of the characteristics of these 'socio-technical systems' which this author identifies is the conflict between 'task' and 'anti-task' factors; since people pursue needs which 'are both positively task oriented and potentially anti-task'.

Insofar as they are task oriented, they include the satisfactions arising from being able to employ oneself positively and fully in relation to task, co-operating effectively with others and experiencing both personal and institutional success in task performance... Unfortunately for task performance, members of institutions are also likely to seek satisfaction of personal needs that are anti-task; very often they need to mitigate the stresses and strains of the task itself and confrontation with the

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<sup>1</sup>Menzies, I. (1979) p.198.

<sup>2</sup>Ibid. p.200.

<sup>3</sup>Ibid. p.201.

human material on which the task is focussed.<sup>1</sup>

Good management, therefore, requires a certain ruthlessness in 'struggling with task definition' and 'sustaining the values that go with it' and mitigating 'anti-task phenomena such as in the socially structured defence systems or sub-cultures'.

The management of an institution requires some measure of that ruthlessness but this concern for task need not and should not necessarily be linked with lack of concern for people. In the main, it is likely to prove the contrary. Much of the task oriented activity is, in fact, directly good for people.<sup>2</sup>

In this example we see, in a rather stark form, fundamental structures of what I am choosing to call the 'therapeutic community process': input - change - output. As one writer bluntly puts it:

The work is for change; the model was a change-agent model.<sup>3</sup>

The overall process is in the service of some therapeutic goal of one sort or another, articulated variously, but which generally as in the present example, is seen to be self-evidently 'good for people'.

This same process may have more benign forms, or forms which are much less conspicuously 'technological'. Whitely

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<sup>1</sup>Menzies, I. (1979) p.202.

<sup>2</sup>Ibid. p.207.

<sup>3</sup>Manning, N. and Blake, R. (1979) p.144.



and Gordon, for example, claim that "the course through the therapeutic community follows a predictable path".<sup>1</sup>  
Following admission

the customary interpersonal behaviour in the living situation, for which the new patient has probably been referred for treatment, soon appears... The early weeks are the most difficult for the rest of the community which must tolerate this, but at the same time gently and supportively confront and attempt to curtail it... The new patient reaches a stage in a matter of two or three weeks when either it is put to him bluntly that he must change, or else he realizes himself that in order to stay he has to alter.

The treatment process may be summed up: "A deviant pattern of interaction with his fellows has been set up and in treatment we seek to replace this through a relearning process".

One further example may serve to illustrate what I am calling the 'therapeutic community process'. In an article entitled 'Personal growth in the Therapeutic Community', which sets out to make clear 'precisely how this relationship between experiences in the community is to be described', Kirk and Millard write:

The authors view the residential institution as an open system exchanging materials with its environment, and having a human throughput. They suggest that what makes the institution a living system is the interplay between resources and throughput (that is, the activities through which an intake is required, processed and transformed into an output). The stage of residence or throughput is broken up into 'conversion processes' which require the provision of both human and physical resources. The task of the

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<sup>1</sup>Whiteley, J.S. and Gordon, J. (1979) pp.119 ff.



institution as a whole is understood in terms of the relationship of the activities of the three systems of intake, throughput to each other, and to the environment.<sup>1</sup>

Why should we refer to the 'therapeutic community process' as a technological mode of thinking, and of proceeding? For here there is very little talk of hardware, and no explicit mention even of psychiatric drugs. For the present purposes, we may define a technological system very simply as one where a goal is posited and then some method or means is devised or worked out so as to bring about this goal as expediently or efficiently as possible. The terms of the goal and the method remain within the same conceptual framework, and reciprocally justify one another; a technological system is therefore a closed system of means and ends.

A technological system of 'psychotherapy', for example, produces 'change' in some predefined direction or other in the patient, in accordance with what is known to be 'good for people'. It thus mirrors the technological mode which characterizes much of medicine, where, for example, "the definitions of health and sickness mutually confirm one another".<sup>2</sup> It remains a closed system of ends and means so long as its concepts fail to generate any critique of the 'ends', the 'means' to bring these about, and the appropriateness of the means-end mode of procedure. In this sense, the 'humanistic' and 'growth movement'

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<sup>1</sup>Kirk, J.D. and Millard, D. (1979) p.115.

<sup>2</sup>Heaton, J.M. (1972) p.13.

schools of psychotherapy are often equally technological. Behaviour therapy is perhaps a more obvious example of a crudely technological therapy, whose means and ends fit, and form a complementary system which produces required results, but which is at the same time a closed and non-reflective system which reduces the 'laws of living' to the laws of learning theory. Any therapy which is designed to produce change by the employment of some technique, whether it be an 'interpretation of reality', a 'corrective emotional experience'<sup>1</sup> or a 'relearning process' - or by the application of some method, such as the 'therapeutic community method' or even the 'all-out application of full therapeutic community methods'<sup>2</sup> - is most decisively different from a therapy which generates its own evaluative criteria. A critical therapeutic discipline, for example, cannot simply proceed on the basis of what is known to be 'good' for people, since precisely this acquiescent mode of living constitutes for many patients a central 'symptom'; rather it must include the disclosure of what is good as the essential movement of therapeutic inquiry.

I shall discuss some of the prevailing methods and goals of therapeutic communities in the subsequent sections of this chapter. Here, however, one further feature of the therapeutic community process deserves to be mentioned. Whilst technological systems are closed systems, they tend at the same time to be particularly extensive or incorporative,

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<sup>1</sup>Morrice, J.K.W. (1979) p.57.

<sup>2</sup>Whiteley, J.S. (1979) p.20.

in the sense of 'making use of' everything at hand, at their disposal, as means - in the present case towards some or other therapeutic goal. In a technological world, everything finally becomes a resource to be exploited; and in the frenzy to develop and maximise these resources the distinction between resource and source becomes obscured.<sup>1</sup> Within the therapeutic community literature, where we might hope to find some discussion bearing upon origins, to do, for example, with the coming into being of an intersubjective world, we find instead an unrelenting emphasis and pre-occupation with the maximal exploitation of 'therapeutic resources', to the extent that there is finally nothing and no one who is left untapped. The following quotations may serve to illustrate this:

A therapeutic community is a way of tackling the puzzle of individual disturbance and human relations that seeks a more creative and affective solution than before, principally by attempting to harness natural human responses and social forces, rather than ignoring them or discounting<sub>2</sub> them as 'non-specific treatment factors'.

This chapter will describe how the environment can be used as a direct resource in therapy...to an organization wishing to use every possible resource...I believe the environment can be used fairly easily.<sup>3</sup>

The utilization of every form of therapy available requires planned and systematic use of the whole environment, consisting of both physical resources and social interactions between all categories of staff and patients...<sup>4</sup>

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<sup>1</sup>See Heidegger, 'The question concerning technology'. Heidegger, M. (1978) pp.287-317.

<sup>2</sup>Kennard, D. (1979) p.192.

<sup>3</sup>Bishop, J. (1979) p.59.

<sup>4</sup>Clark, D.H. (1971) p.27.



In how many (therapeutic communities) are the social dynamics and interpersonal interactions of the members fully utilized in the pursuit of growth<sup>1</sup> towards personality and emotional maturity.

All relationships within the hospital - even those of patients among themselves as well as patients with staff - are regarded as potentially therapeutic. Some way is provided to make use of therapeutic potentialities in other kinds of relationship beside the doctor-patient relationship.<sup>2</sup>

In response to the proposition: 'Everything the patients say and do while in hospital should be used for treatment', the staff majority chose 'strongly agree'. This is, clearly, an extension of the psychoanalytic ideas of psychic determinism and the use of free-association.<sup>3</sup>

From the earliest studies of formal organisations it has been recognised that all such social institutions have an 'under-life', unacknowledged and without a formal 'map', which participants must discover for themselves. It has been one of the central tenets of the therapeutic community that such behaviour must be brought into the official 'public arena' of the community meeting for analysis in the pursuit of treatment.<sup>4</sup>

"The institution's total resources", writes Maxwell Jones, "both staff and patients, are self-consciously pooled in furthering treatment".<sup>5</sup> According to these various interpretations, the community is understood as a repository of resources - including processes and forces of one sort or another - which may be utilized in the service of therapeutic goals by the application of specialized skills. What we wish to draw attention to here is the totality of the

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<sup>1</sup>Whiteley, J.S. (1979) p.20.

<sup>2</sup>Rapoport, R.N. (1960) p.22.

<sup>3</sup>Ibid. p.61.

<sup>4</sup>Manning, N. and Blake, R. (1979) p.154.

<sup>5</sup>Quoted in Clark, D.H. (1971) p.43.



treatment environment, which is such as to include within its totalizing every nook and crannie of space, every available moment of time. And it is the distinctive feature of therapeutic communities to emphasize the human element of this treatment environment, to stress the importance of all members of the community as intrinsic components of this process of treatment.

All these contributions point to the human element in the resources of the staff. That element can be maximised or it can be neglected. This may be the major factor in the degree of efficiency displayed by an institution working with 'human material'.<sup>1</sup>

Staff have to use themselves as part of the technology to be applied.<sup>2</sup>

The social system is itself part of the technology, and as part of the experience the institution provides for its clients it has a therapeutic or anti-therapeutic effect.<sup>3</sup>

What is wrong? we may ask, with this technology of community, or community process - so long as it 'works'. Our answer to this question, in some senses, occupies the entirety of this thesis. We shall continue with the discussion of particular notions in subsequent sections. For the moment we may notice that what seems so conspicuously to be ruled out of court within the totality of 'treatment process' is any recognition of the importance of those things which may be pursued and enjoyed for their own sake. Is it not unimaginable, for example, to think of a community prospering, where its members do not enjoy some degree of

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<sup>1</sup>Hinshelwood, R.D. and Manning, N. (1979) p.195.

<sup>2</sup>Ibid. p.195.

<sup>3</sup>Menzies, I. (1979) p.203.

friendship? And is it not essential to friendship that it be enjoyed for its own sake, and not just for the 'therapeutic benefits' we might gain from it? The same might be said too of conversation, and play. Yet no sooner are these recognized to be of importance to communal well being than they are seized upon for their therapeutic usefulness.

The next element is the 'integration and rehabilitation'. Most therapeutic communities, being reality oriented, see work and play as important facets of life; therefore social and vocational rehabilitation activities are seen as integral parts of the total treatment plan.<sup>1</sup>

Or consider the following, where, fleetingly, 'communication' seems to be valued for its own sake. "A high value is placed upon communication per se".<sup>2</sup> But no sooner is this claim made, than it is contradicted:

One basis for this value is an administrative one. It is considered valuable for people in one part of the organization to know what people in other parts are doing, thinking and feeling. Furthermore, the act of communicating is thought to have an important moral and therapeutic effect for staff as well as patients. The content of communication is also considered valuable for treatment by making available, through a variety of channels, data supplementing the limited information that emerges in the doctor-patient relationship.

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<sup>1</sup>Hoffman, H.A. (1980) p.79.

<sup>2</sup>Rapoport, R.N. (1960) p.22.

## Models

Our discussion in these chapters is concerned largely with the sort of 'theorizing' which is characteristically exhibited within the therapeutic community literature. Theory, I have suggested, is commonly understood as consisting of a systematized body of knowledge which is applied in the course of the therapeutic practice. For example:

Freudian theory has become the cornerstone of psychological understanding within most personal therapeutic systems, including the therapeutic community. Salient concepts have proved to be the significance of indirect and non-verbal communications and the operating of ego defences against anxiety aroused by unacceptable feelings. Such insights have always been available to perceptive observers of human behaviour. The contribution of psychoanalysis has been to clarify and adduce clinical evidence for these insights, and to create a coherent system which enables them to be systematically and widely applied.<sup>1</sup>

Much of the 'theory' of therapeutic communities is rather of the 'cook book' variety: it is taken up with a discussion of the manner in which the various different therapeutic and psychological theories - ranging from psychodynamic theories to behaviour therapy - may be applied in their different settings, their suitability for different client groups, and so on.

Theory is often used, however, in the rather different sense of 'model'. The 'models' or 'theoretical models' of therapeutic communities outline or describe their various practices or procedures and attempt to gather them together

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<sup>1</sup>Jansen, E. (1980) p.26.



in a rational and systematic fashion. Theoretical work here consists of developing or working out a model appropriate to the particular requirements that it will meet, and incorporating this within an overall rationale of procedure.

I shall offer a theoretical model of therapeutic community practice. The foundation for such a model must be centered firmly<sup>1</sup> on what constitutes treatment for patients.

The practical work of the therapeutic community comes to consist very largely of finding and applying the right model, which therefore is seen as being an indispensable part of the equipment of the therapeutic community personnel. "We were without a model at first but definitely committed to finding one".<sup>2</sup> Since it is claimed that the 'residential facility' "suffers from a lack of suitable models",<sup>3</sup> it is understandable that the search for better and better models should be such a dominant theme within the literature.

Rigorous models of therapeutic process in a community were missing...in the mid 1960's, more fundamental attempts to find theoretical models began to appear.<sup>4</sup>

Sometimes it is felt that this search might lead to a 'general model', capable of embracing the many sub-models of therapeutic communities:

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<sup>1</sup>Hinshelwood, R.D. (1979) p.107.

<sup>2</sup>Jansen, E. (1980) p.115.

<sup>3</sup>Ibid. p.19.

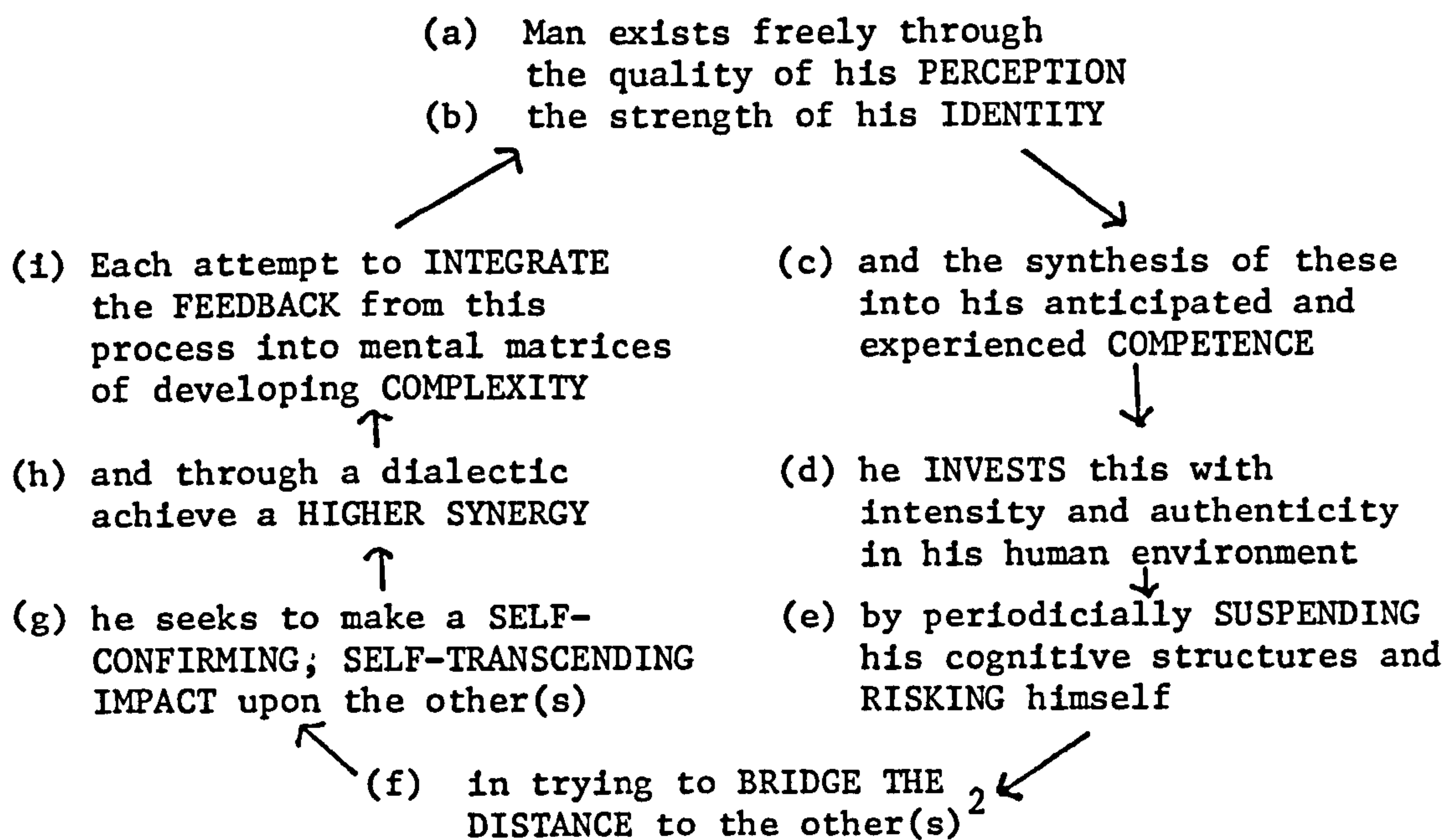
<sup>4</sup>Hinshelwood, R.D. and Manning, N. (1979) p.91.



Only by studying and comparing these intra-community processes on a wider scale...can we build up a more reliable and general model of the therapeutic community.<sup>1</sup>

Or consider the following:

What is needed is a balanced unifying concept of the various personal learning processes and its particular application to therapeutic communities. The most useful model to date has been developed by people working in the existential-humanistic fields of psychology and sociology, and is most usefully developed by Charles Hampden Turner (1971):



These various therapeutic community models are all alternatives to the traditional medical model.

Starting with this medical frame of reference puts severe restrictions on the scope of a social environmental approach to change... we propose that a different model be developed for the care of those individuals who have been traditionally labelled as mentally ill.<sup>3</sup>

<sup>1</sup>Manning, N. and Blake, R. (1979) p.157.

<sup>2</sup>Hawkins, P. (1979) p.221.

<sup>3</sup>Jones, M. (1979) p.4.

Now such a shift, from a medical model to an alternative model, by no means betokens a more sound understanding or clear seeing of that which these various models are supposed to represent. Therapeutic communities repeatedly confuse model-building with critical thinking, and assume that, because they produce 'models' which are alternative to 'wrong' models, which fit in with what is vaguely seen as a 'progressive' ideology, and which produce 'results', some theoretical work has been done.

In fact, the very first theoretical labour to which the 'model' schools of therapeutic communities might address themselves, would be that of showing how the concept of 'model' itself is to be understood and used. What is the 'model' for model? Psychologists, over the years, have devoted much discussion to the nature of their models, the place of models in their theories, and so on. But within the literature we are considering here, the concept and its usefulness are both taken for granted. This is despite the fact of the concept clearly being used in quite different ways (e.g. as an ideal of how the therapeutic community should be, as a blueprint or a type, a working model suitable or suited for certain conditions, as a theory of how therapeutic communities work). What is perhaps the most obvious, uncontentious, and possibly instructive use of 'model' very rarely appears. This is the pedagogic use of the concept, where a 'model' is used in the communication of ideas between those already familiar with them and those to whom they are new, that is where the model clearly is a device or a metaphor to illustrate graphically some or



other feature of the domain in question. The familiar model of billiard balls to explain the atom might be a simple example. In the present context, we might wish to say that in some ways communities are rather like families, or to suggest that it might be helpful sometimes to think of communities ecologically, and exploit the notion of an eco-cycle, or feedback models. But this is quite different from the dogged search for a 'theoretical model of therapeutic community practice'.<sup>1</sup> Here, as in the example cited on the previous page, or as in the cases of the 'psycho-analytic model', or 'behavioural model' of the therapeutic community, we arrive at what has been termed a 'parasitic' use of 'model'.

The pedagogic function of models is clearly very valuable, but it is also fundamentally trivial, in that the role of the model here is to serve as an illustration not as a source of ideas. Which brings me to the second, much more serious, and dangerous, parasitic use of models - whereby one discipline, as it were the 'host', provides the conceptual and intellectual structure for the dependent other discipline. And so we have models of man as an information-processing system, or man to be understood through the common ancestral ecology he shares with wolves, or man the scientist, or man to be conceived as conditioned by processes manifested in dogs, rats, or pigeons, or as a product of his social environment or economic system - and so forth through the plethora of models which may be derived from the physical, biological, engineering and social sciences.<sup>2</sup>

How will the right theoretical model of the therapeutic community represent the manner in which its

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<sup>1</sup>Hinshelwood, R.D. (1979) p.107.

<sup>2</sup>Kelvin, R.P. (1980) p.345.



inhabitants live with, and are present to one another? And how will such a model subsequently be applied, especially where the 'applier' of the model is himself a part of the system that the model is supposed to represent? We conclude that the search for the right theoretical model is somewhat of a fool's errand, and that the person who conducts himself most thoughtfully, and with the finer sureness of touch, within the therapeutic community, is not one who happens to have stumbled upon this particular philosopher's stone, but simply someone who sees rather more of what is there in front of his eyes.

### Method

The discussion of therapeutic community methods occupies a central position within the literature. The claim, for example, that "the fundamental problem for social psychiatry is the instituting of a spontaneous and critical therapeutic method"<sup>1</sup> is rather typical.

The word 'method' derives from the Greek 'hodos' meaning a way, a road or a path, hence a journey, hence a way or manner of going about something. Thus we arrive at our common use of the word as a way of going about things. We may speak, for example, of a method of getting children to go to bed, by reading them a story before tucking them up. Or swimmers may talk of different methods of entering cold water, for example by wading in gradually or by

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<sup>1</sup>Hinshelwood, R.D. and Manning, N. (1979) p.47.

suddenly taking the plunge. Or we can speak of our method of work, referring for example to the sort of rituals we go through, such as tidying desk tops or arranging furniture. Here we are speaking of a way which is familiar to us, which we follow, which may be 'second nature' to us, and which may be more or less 'methodical'.

Any group of people who spend time together, including families and communities and people who live together, will evolve their own way of going about things. Like 'cultures' or societies, they will over time shape their own traditions, and evolve their own characteristic customs and style. Some communities more than others show themselves to be conspicuously more considerate or 'caring' - and particularly towards their weaker members - than others, and in this sense, more therapeutic. But if asked 'What method of caring do you use?' they would probably be stumped for a reply, preferring to answer simply by showing or explaining their way of going about things.

When writers speak of the methods of therapeutic communities they do not usually use the word in this sense, but rather in the sense of a technique, or system of techniques, which are applied, or instituted.

For some researchers, the community itself is a method. The following statements make this clear:

The therapeutic community is therefore a specific treatment method, as specific as psychoanalysis or somatic therapy.<sup>1</sup>

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<sup>1</sup>Hoffman, H.A. (1979) p.75.

We take the view that the therapeutic community is a specific treatment process, utilizing the psychological and sociological phenomena inherent in the large, circumscribed and residential group.<sup>1</sup>

There has been some tendency for the term Therapeutic Community to become debased, and for a wide range of residential and day care centres to lay claim to it. We are referring to a sophisticated, skilled and often difficult application of the method.<sup>2</sup>

Some variations upon this notion of the community as a method may be noted. Some writers speak, for example, of the community as a force to be employed or applied. See, for example, Rapoport: "The social organization is not regarded as a routinized background to treatment, but as a vital force, useful for creating a milieu that will maximise therapeutic effects".<sup>3</sup> Maxwell Jones speaks of "applying social forces" to "therapeutically desirable ends".<sup>4</sup> He speaks, too, of the community as bringing into play the 'social dimension' as an additional component of therapeutic method. "The main thesis of this book is that one must add to the familiar psychiatric methods, both psychological and physical, the relatively neglected social environmental dimension".<sup>5</sup>

There is another way in which therapeutic communities are seen. According to this, the community is not itself a method, but rather a specific sort of setting within

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<sup>1</sup>Whiteley, J.S. and Gordon, J. (1979) p.105.

<sup>2</sup>Blake, R. and Millard, D. (1979) p.6.

<sup>3</sup>Rapoport, R.N. (1960) p.22.

<sup>4</sup>Jones, M. in Rapoport, R.N. (1960) p.1.

<sup>5</sup>Jones, M. (1968) p.(xii).



which particular therapeutic methods and techniques may be applied. Insofar as these various methods are systematically combined in accordance with an overall 'model' of community practice, this sort of approach is not so very different from those we have mentioned. The distinction is between the community as a specific treatment method, or 'therapy', and what has been referred to as a 'metatherapy', that is, "a context within which various treatment modalities and techniques including psychopharmacological, behavioural, individual psychotherapy and group processes of all kinds are all systematically organized and utilized to meet specific treatment goals".<sup>1</sup>

And there can be few techniques which are not to be found included within the 'therapeutic machinery'<sup>2</sup> of such communities. Part of the value of the therapeutic community approach resides in its capacity to bring together this range of equipment within one 'framework', under one roof. And so "the great advantage of the therapeutic community model is that it allows multi-dimensional experiences".<sup>3</sup> Claims are repeatedly made that the methods of one school may fruitfully be combined with those of another, even when the orientations of the schools concerned - let us say psychoanalysis and 'social learning' - seem on the face of it to be entirely different. The fundamental importance of psychoanalytic teachings seems to be assumed by everyone.

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<sup>1</sup>Whiteley, J.S. and Gordon, J. (1979) p.105.

<sup>2</sup>Morrice, J.K.W. (1979) p.56.

<sup>3</sup>Manning, N. and Blake, R. (1979) p.145.

"The acceptance of some basic psychodynamic principles... is shared by all therapeutic communities".<sup>1</sup> Psychodynamic methods will, however, be found to be combined with behavioural methods, 'existential-humanistic' methods, and the methods of the 'new therapies'.<sup>2</sup> "At the risk of sounding frightfully intellectual", Jansen writes, "it seems worth pointing out that our methods are psychoanalytic, our goals behavioural, and our language humanistic".<sup>3</sup> Therapeutic communities are nothing if not eclectic.<sup>4</sup>

Different writers understand the precise nature of the therapeutic environment, within which these various methods are combined, differently, and place varying emphases upon the precise role that it plays in treatment. For some, it is the 'locus of treatment', for others, an 'aspect of treatment' which has 'important influence upon treatment outcome', or a 'foundation' upon which the more specialized techniques of the therapeutic community may be built.

There is, however, fairly widespread agreement on a number of principles whereby this environment may be characterized. Associated particularly with the 'therapeutic community proper', or the Maxwell Jones type of community, but of a very general influence, are the four 'fundamental concepts' first spelled out by Rapoport: Democratization,

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<sup>1</sup>Kennard, D. (1983) p.12.

<sup>2</sup>See, for example, Badaines, J. and Ginzburg, M. (1979).

<sup>3</sup>Jansen, E. (1980). Quoted in Richmond Fellowship brochure.

<sup>4</sup>As a further example of this eclecticism, see Kennard, D. (1983) p.30.

Permissiveness, Communalism and Reality Confrontation.  
These may be very briefly summarised by quoting from Rapoport.

Democratization refers to the view "that each member of the community should share equally in the exercise of power in decision making about community affairs - both therapeutic and administrative".<sup>1</sup>

Permissiveness refers to the belief that the community "should function with all its members tolerating from one another a wide degree of behaviour that might be distressing or seem deviant according to 'ordinary' norms".<sup>2</sup>

Communalism refers to the belief that "its functioning should be characterized by tight-knit, inter-communicative and intimate sets of relationships. Sharing of amenities, informality (e.g. use of first names) and 'freeing' communication are prescribed".<sup>3</sup>

Reality confrontation refers to the belief "that patients should be continuously presented with interpretations of their behaviour".<sup>4</sup>

These 'fundamental concepts' are regarded as distinctive elements of therapeutic community ideology; they refer to political structures of community which are thought to be of particular importance or relevance to the realization of

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<sup>1</sup>Rapoport, R.N. (1960) p.55.

<sup>2</sup>Ibid. p.58.

<sup>3</sup>Ibid. p.61.

<sup>4</sup>Ibid. p.63.



therapeutic goals. These concepts or principles are realized through the implementation of a variety of practices or methods which have come to be seen as 'hallmarks' of the therapeutic community approach. So in addition to the formal therapies or therapeutic methods which are practised within, or adapted to the community setting - such as psychoanalysis, group-analysis, behaviour methods, the new therapies, encounter, and so on - we find a number of more loosely defined therapeutic practices typically identified with the therapeutic community approach.

These practices include: 'freeing of communication', 'flattening of the authority pyramid', 'sharing of responsibility', 'participatory decision-making', 'analysis of events', 'examination of role and role relationship', 'provision of living-learning opportunities', 'role diffusion', and 'limit-setting'.

These activities are commonly described in semi-technical terms, and in some cases as more or less specific techniques. For example, what Maxwell Jones calls the 'living-learning situation', Clark, following Erikson, refers to as 'ego growth through successful crisis resolution' and describes as follows:

A major function of the therapeutic milieu is to provide opportunities for the egos of damaged and crippled people to face challenges and crises and to find new and more effective methods to resolve them and grow. This means that a therapeutic milieu should offer challenges graduated to the patient's ability and should protect him when he tackles them. It should not protect him so much that he becomes dependent and incompetent, or so little that he is overwhelmed. If he masters

that challenge and grows, the milieu must allow him further freedom to face his next challenge.<sup>1</sup>

The practice of 'freeing of communication' is described by Clark as follows:

A constant effort is made to open communications and to free the many blocks that exist, both between individuals and between different status levels within the community. This gives the senior staff some chance to know of significant emotional happenings directly from those involved; it lets patients and junior staff know what senior medical or nursing policy is. This of course is an endless process; new blockages of information and collusions are forever developing and must be loosened and examined in their turn.<sup>2</sup>

This little extract already makes it quite clear that freeing of communication is by no means the same as opening of dialogue, or for that matter, speaking. The reporting of happenings is quite different from the telling, or speaking of, that which happens. In rather the same way, 'getting to know of' someone's emotional happenings is entirely different from getting to know the someone. See for example Heaton:

Now there is a big difference between the logic of telling someone something and reporting it. If a girl said that her lover 'reported' to her the night before that he loved her, we would think it odd and probably interpret her statement as meaning that she thought there was something peculiar about him. But if he told her he loved her there would be a sense of personal revelation and intimacy appropriate to the avowal. In telling someone something it is for us to say what we had in mind. This contrasts with reporting which always, in

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<sup>1</sup>Clark, D.H. (1974) p.58.

<sup>2</sup>Clark, D.H. (1971) pp.44-45.



principle, can be verified or corrected by someone else.<sup>1</sup>

This apparent failure to notice the distinction between communicating and speaking is equally obvious in the following extract, where 'open communication' is more or less equated with 'honest feedback to the leadership' or 'sharing observations or suggestions'.

The second element in therapeutic communities I want to mention is that of 'open communication'. This is a simple concept but difficult to implement. In the therapeutic community, all transactions have therapeutic potential; that is, patient/staff, patient/patient, and staff/staff.... Many therapeutic communities allow most of their meetings to be attended by patients.... Case discussions, planning sessions, and staff meetings all may be held in the presence of patients who are interested. This can allow the patient to interact with the staff around the staff's perception of his behaviour, while also helping unmask some of the mystique that accompanies psychiatric treatment...<sup>2</sup>

The article continues:

To achieve open communication, the bureaucratic model of communication must be overcome. This is where position talks to position, rather than people talking to people. In the therapeutic community we attempt to flatten the vertical administrative hierarchy for communication purposes. It is important, of course, that the administrative structure remain vertical in order for staff members to know their responsibilities, but for the purposes of communication it must be made horizontal. Therefore staff at all levels are not only encouraged, but are expected, to give honest feedback to the leadership. When staff at all levels feel responsible for sharing their observations and suggestions, there can truly be an opportunity for creative innovation. The staff in therapeutic communities are encouraged to be 'real'

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<sup>1</sup>Heaton, J.M. (1979) p.180.

<sup>2</sup>Hoffman, H.A. (1980) p.77.



people utilizing, rather than hiding, their own personalities. Staff are encouraged to recognise and express their own feelings and to give feedback. The patient then has a chance to learn about the impact he is having on others.<sup>1</sup>

## Goals

We can see that therapeutic communities characteristically describe themselves in 'goal-oriented' terms; that is, they see their purpose and function as that of bringing about therapeutic aims or goals which are more or less precisely articulated. The particular aims or goals vary to some extent from one therapeutic community to another; according to Kennard, goals vary from those of 'institutional' therapeutic communities - 'reduce socially undesirable behaviour', 'increase levels of functioning' - to those of the 'alternative asylum' - re-emergence or re-birth from period of regression in more integrated state', 'being freed from the need to conform'.<sup>2</sup>

Commonly listed therapeutic community goals include: adjustment, removal of disorder, learning or re-learning of social skills, growth, actualization, insight, self-knowledge. Some writers draw distinction between the attention to the goals of 'treatment' or 'treatment proper' - "all these measures, by any legitimated personnel (and this can include patients in the therapeutic community) that have as their principal immediate aims the alteration

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<sup>1</sup>Hoffman, H.A. (1980) pp.77-78.

<sup>2</sup>Kennard, D. (1983) pp.102-103.

of the individual personality toward better intra-psychic integration" - and 'rehabilitation' - "the fitting of a particular personality to the demands of an ongoing social system".<sup>1</sup> Effectively this same distinction is made between adjustment and 'actualization'. The goals of an 'adjustment-oriented' community might be

to reduce the patient's level of overt disturbance so that he can return home as soon as possible. Added to this is often the goal that the patient will learn to behave in an acceptable way and will not make use of his illness as an excuse for anti-social behaviour which is in fact within his control.<sup>2</sup>

The 'therapeutic process' of an actualization-oriented community is directed towards goals which

attempt to facilitate realistic, open, honest communication and expression of feelings; facilitate meaningful social interaction with greater satisfaction and security; reduce anxiety and distortion of reality; and increase the sense of worth and self-esteem. An effective community would also mobilize an individual's initiative, and realize his fullest potential for creativity and productivity. A therapeutic community provides an environment conducive to learning new, more adaptable, behaviours, and achieving greater self-understand and awareness and increasing self-responsibility.<sup>3</sup>

Typically, these two orientations are combined. Therapeutic communities "combine efforts at both intra-psychic and behavioural change",<sup>4</sup> or "common principles

<sup>1</sup>Rapoport, R.N. (1960) p.28.

<sup>2</sup>Test, M.A. & Stern, L.I. (1978) p.50.

<sup>3</sup>Badaines, J. and Ginzburg, M. (1979) p.74. (*Italics mine.*)

<sup>4</sup>Manning, N. (1979) p.311.

dictate that the therapeutic community, whatever its context, should provide a communal living experience which encourages open communication, and promotes intra-psychic and social adjustment, to the maximum capacity of the individual".<sup>1</sup>

One further list of therapeutic community goals - and one which has been approvingly cited by other authors - has been provided by Morris Schwartz. Schwartz' list includes the following benefits which a therapeutic community should offer:<sup>2</sup>

Provide the patient with experiences that will minimize his distortions of reality.

Facilitate his meaningful and realistic communicative exchange with others.

Facilitate his participation with others so that he derives greater satisfaction and security therefrom.

Reduce his anxiety and increase his comfort.

Increase his self-esteem.

Provide him with insight into the causes and manifestations of his mental illness.

Mobilize his initiative and motivate him to realize more fully his potentialities for creativity and productivity.

Throughout the therapeutic community literature are to be found references to goals such as these, which usually are regarded as being self-evidently desirable. In fact, there

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<sup>1</sup>Jansen, E. (1980) pp.32-33.

<sup>2</sup>Schwartz, M. (1957). Quoted in Jansen E. (1980) and Rapoport, R.N. (1960).



is very little 'self-evident' about any of these 'goals', since what they mean is defined by the very particular contexts in which they are introduced. Take away the context, and what have we left of 'open communication'. Is 'open communication' first of all open to the possibility of its own closedness? Is the value of 'self-esteem' higher than that of (say) humility? What sort of 'initiative' is it that must be 'mobilized'? What sort of 'creativity' is it that must be 'motivated'? In what sort of 'reality' is it that people find themselves attempting to remove the distortions of reality, as a goal? Does not this very goal generate a rather peculiar reality, which is conspicuously different from 'ordinary' reality, for example? If we regard 'meaningful relations with others' as a goal which can be set out in advance and worked towards step by step, perhaps making progress reports on the way, have we not laid out a very particular or specific notion of 'meaningful' social interaction, whose meaning and meaningfulness may be very far from self evident? Indeed, does not the predominant 'goal orientedness' which we find expressed in the following rather typical extracts suggest a rather peculiar way of going about things with others.

On the first visit... there is an informal meeting... in which aims, programme and style of the community are explained. This is followed by a sharing of experience about entry, and an examination of how the applicant views his life and what his goals are. The latter may be unknown at this stage. Following this half hour meeting the applicant relaxes prior to joining one of the small groups.<sup>1</sup>

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<sup>1</sup>Blake, R. and Millard, D. (1979) p.10.

But it is central to the operation theory of therapeutic communities that no action based programme is successful unless the gains (however small) made by patients are brought to some form of conscious recognition and verbal expression, and no verbal approach is complete unless the gains are tested and reinforced in action.<sup>1</sup>

While ample time is given to the exploration of obstacles to coping with life in society (including early and contemporary ways of expressing conflict) from the start the stress is laid on the question: What do you want to achieve whilst you are here? What are the problems that make it impossible to cope and what therefore should be the ultimate and intermediate goals?<sup>2</sup>

It matters finally, perhaps, very little whether the patient is told the direction in which he must change (e.g. through reality confrontation, corrective emotional experiences and so on), whether he is encouraged to find his own goals ("The director must take great care to make no suggestion as to what course of action might be preferable")<sup>3</sup> or whether he simply follows the general goals of the community (open communication, sharing of feelings, honesty, etc.) so long as the patient continues to be encouraged in his uncritical acceptance of the extremely dubious notion that therapeutic 'achievement' consists in the pre-visioning of particular ends and the following of specific techniques and practices to bring these ends about. Rather than generate any critical inquiry into the nature of the therapeutic project - at which point we might say therapy begins - communities for the most part simply offer

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<sup>1</sup>Blake, R. and Millard, D. (1979) p.5.

<sup>2</sup>Jansen, E. (1980) p.47.

<sup>3</sup>Moreno, quoted in Badaines, J. and Ginzburg, M. (1979) p.75.



a hodge-podge of recipes to bring about these various 'self-evident' goals. Not only are these goals frequently highly contradictory, for example, 'mobilize his initiative' and at the same time 'increase his comfort'; 'reduce his anxiety' and 'motivate him to realize more fully his potentialities', 'increase his self-esteem' and 'provide him with insight into the causes and nature of his mental illness'; but they illustrate, furthermore, a consistent muddling of different therapeutic idioms, metaphors, and theoretical positions.

One consequence of this eclecticism is that words which have a quasi-technical 'psychological' meaning come to be used in entirely different senses. Take insight. The notion of 'insight into the causes and manifestations of one's mental illness' suggests that insight is a seeing of oneself as one is seen by a trained observer who believes he has correctly identified the malfunctionings of one's mind. Insight here is normatively defined; that is, one has acquired insight when one sees correctly or accurately the pathological processes occurring within oneself as they are identified and defined by trained experts.

This is different from the sense in which this word is used, also within this literature, to refer to idio-graphic knowledge about oneself, the workings of one's mind, one's patterns of behaviour, and so on. This sort of self-knowledge may be - factually - perfectly correct. An example of this sort of insight might be the following:



My stutter is really a manifestation of tension, which stems from anxiety, and also resistance. My experience with my mother has made me extremely anxious about whether my efforts at communication, especially with women, will be successful, and so I often defeat my own efforts through trying too hard. On the other hand, I recognize that a part of me feels punitive towards my mother and doesn't want to talk: why try so hard when she can never be pleased? This aspect of myself I experience as an onlooker who<sup>1</sup> taunts me: Go on, make a mess of things.

A modified or expanded version of insight thus understood is often employed by psychoanalysts, when they use 'insight' to refer to knowledge of processes and workings of the mind, which ordinarily are said to be unconscious, but which are brought to awareness in the course of analytic treatment. This notion of 'insight', as putatively factual knowledge about oneself or one's mental or 'psychological' processes differs again from the insight which comes as a direct realization of truth. We speak of insight of this sort dawning. Such insight is not a condition of change in oneself, a knowledge about oneself which might lead to a change of behaviour, nor is it a knowledge of changes in oneself. This insight is a transcendence; it is itself a transformation of one's being.

### Confronting Reality

Let us return to the first of the benefits which, according to Schwartz, a therapeutic community should provide.

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<sup>1</sup>Quoted in Jansen, E. (1980) p.182.

It should "provide the patient with experiences that will minimise his distortions of reality". It is difficult at the outset to see how a community might be able to provide a person with experiences of this nature. Experiences are not any sort of entities which might be offered or served up. Neither is experiencing the representing or recording of events or objects, a picturing which might be more or less accurate or true to reality, aspiring to the ideal of a 'pure' experience of reality. In the course of commenting upon the importance of the 'sharing' of experience - itself a rather confused notion - Hawkins stresses the need to "separate out the actual experience from emotive or interpretative responses to it".<sup>1</sup> But our experience is interpretative, that is we experience things as... This notion of pure experience, untainted by context or culture, or language, as a final touchstone of validity, and the subjectivization of meaning that it implies, serves to illustrate again the psychologistic epistemology which pervades this literature.

We do indeed usually experience things and other people as real; when we talk of reality we refer primarily to the actual presence of things set in the world. But the world onto which our experience is an opening is not an object which we might see more or less clearly, but rather a fabric woven of the real and the imaginary, the visible and the invisible, the literal and the mythic; it is a world whose meanings can never be exhausted, a world

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<sup>1</sup>Hawkins, P. (1979) p.225.

haunted by ambiguities and indeterminacies which, like the horizon, can never be overcome.

Our experience is strictly speaking not so much a relation to the world, as an entwinement in its folds. To speak of distortions of reality, in this fashion, is subtly misleading, since we do not experience reality at all. We cannot see it, taste it, touch it, or even dream it. Reality must be unimaginable. Hence the futility of getting patients 'in touch with reality' as a therapeutic goal. 'Realities' precipitate, as realization of projects, as the other comes into being for me in the realization of the relation between us, or what we mean to one another.

If this implies the relativism of 'reality is what we make of it', it must be emphasised that the idea of the independently real is crucially important. There are a great many things in the world which exist independently of our knowledge of them, including things yet to be discovered. Science is made up of various activities which are concerned to discover the real properties or powers of real things which exist independently of us. But it is important to see that the checking of the independently real is not solely the province of science.<sup>1</sup> And further, although science is concerned with the real, the question of man's relation to reality takes us far beyond science. It is not an empirical question but a conceptual one. It is not a matter of a demonstrating, confronting or empirical showing, but has to do with the force of the concept of

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<sup>1</sup>See Winch, P. (1958).



reality. Showing the real now is showing what we mean by the real, a showing which we may sometimes accomplish very effectively by meaning what we say.

Reality is not what gives language sense.  
What is real and what is unreal shows itself  
in the sense that language has. Further,  
both the distinction between the real and  
the unreal and the concept of agreement with  
reality themselves belong to our language.<sup>1</sup>

Perhaps Schwartz is doing no more than proposing that members of a community should be as straightforward with one another as they are able, and try not to mystify one another. If this is in fact what he is trying to say, then he is couching his proposal in an extremely mystifying way. He is suggesting that there is some special function that a community run on therapeutic principles can provide, rather than reminding us of a simple decency.

Similar considerations apply to the notion of reality confrontation, which is perhaps the sort of method that Schwartz has in mind. Reality confrontation is a very important term in therapeutic community literature. We are all familiar with the idea of 'reality confrontation' as it is colloquially understood. For example, if I have plans to build a mansion and my friend points out that I have no money in the bank, then he might claim to be confronting me with reality. But 'reality confrontation' is not used in this colloquial sense, but rather as a quasi-scientific or technical term, as a main ingredient in an overall

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<sup>1</sup>Winch, P. (1972) p.12.

therapeutic project, as a means towards the goal of realistic or accurate experience.

Whilst insufficient reality confrontation is undesirable therapeutically because it allows patients to maintain their patterned distortion, too great reality confrontation may be so disturbing to patients with weak defences as actually to work against the patient's progress.<sup>1</sup>

Reality confrontation is effected largely by 'interpretation'.

Reality confrontation... seems to apply to all types of therapeutic community - patients should be continuously presented with interpretations of their behaviour as it is seen by others.<sup>2</sup>

Reality confrontation implies that the individual's conduct is reflected back to him, in the hope that he will accept interpretation and modify offending behaviour.<sup>3</sup>

Here too reality confrontation is depicted as a specialized therapeutic activity; for we do not ordinarily go around continuously presenting one another with interpretations of behaviour, any more than we ordinarily find our way with others, or arrive at some sense of the real in this fashion.

Interpretation, of course, can be assumed to have a technical meaning within psychotherapeutic writings, and especially in writings whose orientation professes to be psychodynamic. As a simple example of a psychoanalytic interpretation I shall repeat the story told by the psychologist Gordon Allport of his one meeting with Freud.<sup>4</sup>

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<sup>1</sup>Rapoport, R.N. (1960) p.70.

<sup>2</sup>Kennard, D. (1979) p.183.

<sup>3</sup>Morrice, J.L.W. (1979) p.55.

<sup>4</sup>Recounted in Hogan, R. (1976).

In the summer of 1920, after finishing his undergraduate degree at Harvard, Allport had occasion to find himself in Vienna. Wishing to make the most of this opportunity, and "with a callow forwardness" he wrote to Freud asking for an interview, which Freud graciously granted. When the hour of his appointment came, Allport was welcomed, and led into the inner office, where he took his seat. Freud merely gazed at him silently but expectantly. At this point it suddenly dawned on Allport, in some panic, that he had no idea why he was there; desperately he invented some conversational gambit. "I told him of an episode on the tram car on the way to his office. A small boy of about four years of age had displayed a conspicuous dirt phobia. He kept saying to his mother: 'I don't want to sit there... don't let that dirty man sit beside me'". Because the boy's mother was a fastidious and domineering German mother, Allport thought the point of the story was obvious. Freud, however, seeing the prim and compulsive young man sitting opposite him, quietly inquired: "And was that little boy you?"

How do we interpret this interpretation? It seems quite clear that Freud was allowing himself to play with a truth, which he found expressed nowhere else than in Allport's discourse with him. But interpretation does not end with one interpretative utterance. Freud's interpretation was as much an invitation. It was an invitation to enter a conversation; and a rather peculiar conversation at that - one which suddenly turns the world upside down. The truth of Allport's situation - to which Freud's gesture was



an invitation - was not quite the same as its 'reality' - since Allport was palpably not, in fact, that little boy.

When interpretation is understood as "attempting to bring a reality picture" to the attention of the patient, in order to correct or modify his own distorted or confused experience of the world, it is clearly not interpretation as this is understood within the hermeneutic discipline of psychoanalysis. For here the context of interpretation is as much a 'part' of the interpretation as its 'content'. An interpretation is contextualized first and foremost in the relationship between the persons engaged in the interpretation. An interpretation as a picturing of reality can no more reflect this context than a mirror can reflect its frame. What this conception of interpretation reflects most accurately is a notion of reality which is disassociated from what is in fact going on.

This rather peculiar sense of 'interpretation' becomes more clear when we consider another 'basic concept' of the therapeutic community: permissiveness. Within this literature, permissiveness is usually regarded as the 'other pole' of reality confrontation. For example: "Reality confrontation and permissiveness are separate poles of a single dimension",<sup>1</sup> or "the principles of permissiveness and reality confrontation go together"<sup>2</sup> or "there are conflicts between permissiveness and reality confrontation".<sup>3</sup>

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<sup>1</sup>Morrice, J.K.W. (1979) p.58.

<sup>2</sup>Kennard, D. (1983) p.54.

<sup>3</sup>Rapoport, R.N. (1960).

In what fashion do these two belong together? We recall that 'permissiveness' refers to the toleration of a wide range of behaviour, behaviour which might ordinarily seem 'deviant'. The idea, however "is not to accept deviance uncritically or indifferently. On the contrary, suppression by regulation or decree is avoided in order that the behaviour may be available for examination".<sup>1</sup> When patients reveal real life problems in an open fashion, then permissiveness "serves its purpose". "What results (so it is hoped) is relevant new social learning for both individual and group".<sup>2</sup> Thus this principle is 'closely linked' with that of reality confrontation.

The two go hand in hand, and one has little use without the other. As patients interact they reveal socially inept patterns of behaviour which are often characteristic of them, not only in the life of the therapeutic community, but also in terms of outside relationships... Reality confrontation implies that the individual's conduct is reflected back to him in the hope that he will accept interpretation and modify the offending behaviour".<sup>3</sup>

What Morrice has to say here is more or less echoed by Kennard: "It is useful to realize that the principles of permissiveness and reality confrontation go together: patients can do what they like but whatever they do will be a matter for confrontation and discussion if it interferes with their relationships with others".<sup>4</sup> Kennard goes on to propose that "this combination of permissiveness with

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<sup>1</sup>Morrice, J.K.W. (1979) p.53.

<sup>2</sup>Ibid. p.53.

<sup>3</sup>Ibid. p.55.

<sup>4</sup>Kennard, D. (1983) p.54.

confrontation and interpretation is central to all therapies based directly or indirectly on psychoanalysis". And here we find more difficulty in following him.

If we understand by 'permissiveness' - 'letting be', and if we understand by 'reality confrontation' - interpretation, then we might more readily see the belongingness of these terms in their relation to psychoanalysis. Letting be is by no means an abandonment of concern. One can only let be what one is concerned to allow to be. Letting be has very precise connotations of engagement, as the antithetical structure of the word 'let' informs us. (Let: allow, and hinder, cf. love and leave). Letting be is an allowing or freeing of something into its being, not a casting to the winds. In flying a kite, one lets it into its being as a kite, by a holding which is a letting or freeing: a freeholding. But these images can be very misleading.

There can be no purpose to letting be: that is why it is a freeing. 'Permissiveness' on the other hand is very clearly and explicitly purposeful. It serves the purpose of reality confrontation. "In community terms, permissiveness means the toleration of deviant behaviour";<sup>1</sup> reality confrontation corrects it. At this point, an underlying structure does present itself, an oppositional structure whose terms are the 'control' of deviance (reality confrontation) and the toleration of deviance (permissiveness). Confrontation becomes the means whereby this normative

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<sup>1</sup>Morrice, J.K.W. (1979) p.53.



structure is regulated, a structure whose parameters are defined in terms of what can be tolerated or what can be put up with. And here we see how there may be more back up to 'confrontation' than mere 'interpretations of behaviour as seen by others:

The intelligent and constructive use of a permissive orientation is not always easy to maintain.... It is something of a conjuring trick to keep the right proportion of support and confrontation. There may come a point when a group is failing to cope with a disruptive subgroup or individual. The decision about how to proceed may then be complicated by inflexible notions that the group, and only the group, must handle its own problems, and that to use drugs, individual psychotherapy or other techniques is an abandonment of principle. The author does not share that view and it is becoming increasingly outmoded. It seems more useful when dealing with a range of psychiatrically disturbed patients to accept that a similarly wide range<sup>1</sup> of techniques may well be necessary.

The manner of regulation of a normative structure may be further illustrated by reference to the notion of negative feedback.

Institutions generally have an implicit scale of degrees of freedom of authority within the rules. A rise of emotional temperature might be represented by increasingly aggressive or acting out behaviour. The thermostat in this case would be perhaps, another member of the community who, at some point, will react or impose some sanction to turn down the heat so that the resident knows at which point his behaviour is no longer tolerated, and may regulate his behaviour accordingly.<sup>2</sup>

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<sup>1</sup>Ibid. p.54.

<sup>2</sup>Kirk, J.D. and Millard, D. (1979) p.121. (Italics mine.)

The important words are 'no longer', for they suggest that up to that point his behaviour was merely tolerated. Insofar as most people who live as patients within therapeutic communities do indeed deviate from the desired norms of mental health, if only because they choose to live thus, we may assume that the attitude of toleration is a widely prevailing one within such communities. An ambiance of toleration must be distinguished from, for example, one of ordinary conviviality, where people enjoy one another's company for its own sake. A community of people held together in a modality of 'toleration' is in a state of unstable equilibrium; hence there is a constant need for 'confrontation' to restore the *modus vivendi*. The dynamics of toleration are, so to speak, stressful.

CHAPTER THREE  
COMMUNITY AND ORGANIZATION

Community

Therapeutic communities such as we have discussed address themselves to the task of facilitating or enabling patients to arrive at a state of more adequate mental functioning, a state which, variously defined, constitutes the unquestioned goal of the therapeutic endeavour. In the service of this goal, a range of techniques, methods and practices are employed. These methods mostly bring about 'personal change' in a therapeutically desirable direction by providing the patient with an increased understanding of the nature of his problems and difficulties, or with insight into the nature of his condition. The role of the staff is not however limited to the implementation of these therapeutic methods, but includes the facilitating, in other ways, of a therapeutic ambience conducive to personal growth. This is brought about partly by the putting into practice of therapeutic community 'principles' such as democratization, permissiveness, and 'communalism', and partly by the capacity of the staff to act as models by which patients may be guided, and to offer support and encouragement.<sup>1</sup>

I have shown something of the way in which therapeutic communities work towards the realization of these goals, or ways in which these communities are 'used'. I have for

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<sup>1</sup>"Staff therefore provide a model of how to display emotions, form opinions, and arrive at decisions." Jansen, E. (1980) p.167.



example, perhaps somewhat arbitrarily, distinguished between descriptions of communities which emphasise either their being a treatment process or a treatment process setting. In the first place, the therapeutic community is a repository of forces to be harnessed, a technical procedure to be followed, a method, a treatment modality, a doctor - in the second, a setting in which specific therapeutic procedures may be most effectively implemented, a setting or context which is itself directly implicated in these procedures and structured according to therapeutic community principles.

We now shift our own emphasis more towards a discussion of this treatment setting; from the 'therapy' to the 'community'. How do we find the nature of 'community' to be understood within this literature? And what is it about community as community that may be seen to be therapeutic?

A certain confusion possibly arises from the tendency to think of a community as a large group; and a therapeutic community as a large therapeutic group, made up of people who are also involved in an 'ongoing living situation'. Right across the literature, the importance of the large group, as the occasion of community meeting, is stressed. "As part of the therapeutic community the large group has a multiple function. It is the common meeting ground, where faith in the treatment process is daily affirmed; it is the communications centre, the control agent and a teaching situation".<sup>1</sup>

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<sup>1</sup>Whiteley, J.S. and Gordon, J. (1979) pp.129-130.

According to this author, the daily large group is the 'keystone of a therapeutic community'. "Without it the patients would merely wait for their 'treatment session' with the group therapist, occupying one-and-a-half hours each day, and 'the other 23 (or 22½) hours' of the patient's day that Stanton and Schwartz (1954) refer to would be lost. The community meeting draws together the therapeutic strands, but exactly how it should be run or on what theoretical model it should be based is in considerable doubt. Much more exploratory research is required about the precise nature of the community meeting".<sup>1</sup> It remains, however, 'an integral part of the therapeutic community practice'.

Daily, formalized large group meetings take place in a therapeutic community. They have a special relationship to the other activities of the day and it could well be said that the twenty four hours of the therapeutic community is one kind of continuous large group.<sup>2</sup>

This tendency to think of the community as a large group may again be noticed in the following extracts:

A therapeutic community is a consciously contrived large group of people through which individual treatment is supplemented as far as possible by therapeutic community relationships.<sup>3</sup>

Just as one may make less differentiation between sociotherapy and psychotherapy, so one makes less distinction between the events occurring in the large group meeting and events occurring in the therapeutic community's overall interaction throughout

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<sup>1</sup>Ibid. p.131.

<sup>2</sup>Ibid. p.128.

<sup>3</sup>Crocket, R. (1979) p.138.



the day. The basic characteristics of the therapeutic community group are evident in the large group community meeting...<sup>1</sup>

We consider that the large group is the most significant event in the therapeutic community, all the other groups and activities being seen only as lateral outcroppings of the large group. Their function has to be constantly under observation, because they contain and control important operations which<sup>2</sup> are at the centre of the process of mentation.

But a community is not the same as a social group. People may group or be grouped in this way or that; but the word 'community' resists utterly this sort of use. One does not belong to a community as one belongs to a group.

Community is a deceptive social term. People speak of a 'community of interest' - for instance, men who do the same kind of labour or depend on each other to make money. There are also 'communities of affection', like churches or ethnic groups whose members feel emotional ties to one another. Yet, even in everyday language, the idea of a community is not interchangeable with the idea of a social group; a community is a particular kind of social group in which men believe they share something together. The feeling of community is fraternal, it involves something more than the recognition that men and women need each other materially.<sup>3</sup>

We might add to 'materially' psychologically. "The bond of community", the author goes on, "is one of sensing common identity, a pleasure in recognizing 'us' and 'who we are'". The notion of the fraternal bond introduces the idea of enjoyment which people might find in one another's company, for its own sake, and of the fulfilment which might come of belonging to a structure of mutual recognition, where each

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<sup>1</sup>Whiteley, J.S. (1975).

<sup>2</sup>Grunberg, S. (1979) p.253.

<sup>3</sup>Sennett, R. (1971) pp.30-31.



person may be seen to take his own place within or upon a common ground. When we speak of a community of people we suggest a body, a fellowship; and in this the notion of what is held in common seems to be central. (Munis, L., 'gift' or 'exchange'). A group, of course, might gather about some common interest or purpose; and this is precisely where we might wish to make some distinction between 'group' and 'community'. For the common 'gift' or 'exchange' of community seems to be intrinsic to the fellowship, and not merely an occasion for its coming about.

### Belonging

The manner in which individuals 'partake of' community, including the community at large, is belonging. This belonging is not a possessive belonging, in the sense that my goods belong to me, or the slave belongs to his master.<sup>1</sup> Neither is it a categorical belonging, in the sense that I might be said to belong to a statistical sample, or to a 'set' of the population. It refers rather to an existential belonging, a belonging in which one's very singularity is grounded, and a belonging which is, most profoundly, inter-personal.

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<sup>1</sup> Compare Main's account of 'participation in full community life', where the doctor 'no longer owns his patients'. "They are given up to the community which is to treat them, and which owns them and him. Patients are no longer his captive children, obedient in nursery-like activities, but have sincere adult roles to play, and are free to reach for responsibilities and opinions concerning the community of which they are a part." Main, T. (1946).

We may speak of belonging to an area, or to a tradition. But these forms of belonging are no less 'interpersonal', since the very possibility of belonging in any of these senses is that we originally belonged to someone who initiated us into the world and prepared a place for us, who opened language and tradition, and who gave us our name - which speaks equally of our singularity and our belongingness. And of course our subsequent sense of belonging to a place is likely to be rather insubstantial and even uncanny in the absence of any community of others with whom we might be said to belong. See, for example, the story of Rip van Winkle.

This familiar sense of belonging is brought out quite clearly when we speak of two people belonging to one another, or children belonging with their parents. When a person speaks of belonging to his friends or family, he speaks of a world to which he is drawn, where he feels familiar and at home. The word itself suggests a longing, and a prolonging, which is a staying. Belonging also suggests what is fitting or 'right', as when we speak of someone being in his element. When we say of someone that he belongs in prison, we imply that is where, secretly, he wishes to be.

Belonging is not, of course, an activity or a doing. I cannot simply decide to belong somewhere, or with someone. However devotedly T.E. Lawrence surrendered himself to its customs, he could never, finally, belong to the Arab world.

In my case, the effort for these years to live in the dress of Arabs, and to imitate their mental foundations, quitted me of my English self, and let me look at the West



and its conventions with new eyes: they destroyed it all for me. At the same time I could not sincerely take on the Arab skin; it was an affectation only. Easily was a man made an infidel, but hardly might he be converted to another faith. I had dropped one form and could not take on the other, and was become like Mohammed's coffin in our legend... Sometimes these selves would converse in the void; and then madness was very near...<sup>1</sup>

Neither can anyone, as an activity, bring another person into their world, or into belonging. I may be able to put someone at ease, but I cannot put them at home. When we do put someone 'in a home' we are saying very precisely that they no longer have a home, or home is no longer where they belong. Likewise when we put a child in care, we are responding to the breakdown of an original structure of belonging, or care.

My sense of belonging to or with others can be articulated in terms of what they mean to me. The infant's sense of belonging unfolds according to what he means to his mother and father and what they mean to one another. If they finally 'mean nothing' to one another, what sense can he make of his own origins? Where does he 'come in'? Where does he belong?

We will of course see the world differently according to the sense of belonging that we have. It is very clear, for example, that the child who has little sense of belonging, or who does not feel at home with his family or know what he means to them, may find himself unable to assume the world as his birthright; the world does not open

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<sup>1</sup>Lawrence, T.E. Quoted in Merleau-Ponty, M. (1962) p.188.



up for him as it might do for a happy and secure child.

"Psychiatric patients with chronic illness have lost their social matrix and have an inability to maintain their own social matrix; and therefore, either for a short period of time or for the rest of their lives, need a social matrix ready made for them."<sup>1</sup> Here, I should prefer to emphasise rather differently what this author is saying. First of all, precisely this disarticulatedness of or from 'social matrix' - in its full temporality - is the psychiatric illness. This, and nothing else. Hence the importance of being clear about the nature of the 'treatment'. Secondly, the oppositional structure which the author suggests between 'maintaining one's own social matrix' and having one 'ready made' obscures what is most central to interpersonal belonging: its being to do with what arises between.

The psychiatric patient is - in different ways, with differing degrees of severity or chronicity - disarticulated from interpersonal belonging. The madman - as Lawrence suggests - belongs to no-one; and hence his vulnerability to institutional predatoriness. For some people, this sort of disarticulation may 'simply' take the form of a chronic loneliness, a life of 'quiet desperation'. Others may find their desperation less containable, and may for example show 'psychiatric symptoms' of one sort or another which may speak both of and to the absence of 'matrix'. They may find their way to therapeutic communities; and where they do the question of whether or not they come to feel,

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<sup>1</sup>Huessy, H. (1980) p.367.

in the course of time, less lonely, depressed and disarticulated must depend to a very great extent upon the degree to which they have been able to articulate into a structure of belonging. Communities vary enormously in the degree to which these sort of possibilities make sense. According to whether people meet sufficiently in a spirit of openness to what they might have in common or between them, or whether they meet in service of the goal of treatment, entirely different openings and possibilities will arise.

Openings between people are not created by techniques or methods - there could be no technique whereby one person could open himself to the other - but by gestures, actions, words, and rituals (which may be more or less honest, more or less contrived). These gestures do not arise out of nowhere, but out of a living context, or intentional matrix. The intentional matrix which is of interest to the present study is that of a community of people who live together.

How might we think of the 'belonging' which most befits a community of people who live together? Where people live together and enjoy some sense of belonging in their living together, we might propose that this is a feeling at home with one another. Among many considerations which would seem to have bearing upon what it is to feel at home with others, in the way one lives with them, two seem to be particularly important. Firstly, the various rituals of domestic life, which are shared 'at home'. Of these probably the most important are those associated with eating together; not only the 'sharing of bread', but equally the various



rituals which culminate in gathering together round the table. Secondly, we might mention the various 'things' - whether they be 'activities' or more 'concrete' things of one sort or another which draw together people who live together, and about which domestic life is woven. Play, conversation, shared belongings are obvious examples.

One of the most conspicuous shortcomings of the entire therapeutic community literature is the almost complete absence of any discussion of any of these matters. For all their emphasis upon 'shirt sleeved informality', and 'folkways', for example, there is no attention paid at all to the 'domestic', the nature of the 'domestic', and the place of the domestic within the 'residential'. The newcomer to this literature cannot help but notice the phenomenon, in striking contrast to our ordinary experience of cultural life, which is the exclusion of all matters to do with the kitchen sink from all but the most peripheral mention. To reply that many or most therapeutic communities are so organized that these matters are unobtrusively taken care of is precisely to beg the question. Where these matters are given mention, it is likely to be in terms such as these.

To facilitate sharing, and perhaps to signal that the culture is accepting, trusting and does not stand on ceremony or status, everyday duties and facilities are also shared. For example, tea and coffee breaks may be taken by patients and staff together, and dining room and recreational facilities may be used in common.<sup>1</sup>

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<sup>1</sup>Morrice, J.K.W. (1979) p.57.



Therapeutic communities, we are told, have a 'higher potential for normalcy' than hospitals.<sup>1</sup> What could be more normal than a sense of belonging in which some importance is attached to the 'nitty-gritty' of domestic life? The table, the kitchen stove, the hearth, the furnishings - these now become things about which life is geared, and around which conversation is woven. But let us look at one of the few statements on 'belonging' which appears within the writings.

It has always been necessary in therapeutic communities to establish the visible presence of the community and of the individual's membership of it by instituting the community meeting. Without such a regular face to face manifestation of the community it seems to be difficult to establish the members' awareness of anything. It is the demand to belong that creates the therapeutic dynamic. But only a genuine need of the community as a whole leading to necessary contributions from members can establish a sense of belonging. In this way the community meeting has now become the only resource left to an over-endowed community to establish belonging and prevent anomie in the membership.<sup>2</sup>

Here we see again the extraordinary load which is carried by this vehicle - the community meeting, or community 'large group' experience. The community meeting is almost unanimously felt to be 'the central event in a therapeutic community'. Its main functions are seen as therapeutic, and effecting 'social control'.

The staff agree...on the small group and the community group as the essential groups...

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<sup>1</sup>Jansen, E. (1980) p.223.

<sup>2</sup>Christian, A. and Hinshelwood, R.D. (1979) p.180.

staff depend heavily on the small group for therapy and the community meeting for social control; and the patients increasingly concur with this arrangement.<sup>1</sup>

Or again: the large group

is not predominantly seen by either staff or patients as a treatment group in the same sense as the smaller therapy groups. While it is recognized that treatment occurs here, and that there are powerful social forces at the disposal of treatment aims in such a group, the principal aims of the community meeting are those of social control.<sup>2</sup>

If the community meeting, or community large group (it has also been called the 'community personality') is indeed the main instrument, or vehicle, or 'resource' to 'establish belonging', and it is at the same time a therapeutic instrument and the main means of social control, then we seem to arrive at a peculiarly 'shortcircuited' and 'unearthed' notion of community. "It is perhaps surprising", writes Jansen, "that we do not have more staff who have themselves participated as residents in the therapeutic process".<sup>3</sup> How does one reside in a 'therapeutic process'? How does one make oneself at home in a community where "Ideally a therapeutic community is a 'place of mirrors' for all involved"?<sup>4</sup> How does one belong to a community which, in its 'fullest form' is "a consciously contrived large group of people, made up of patients and staff, to which both patients and staff are asked to relate for therapeutic purposes to the maximum degree possible, rather than to

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<sup>1</sup>Manning, N. and Blake, R: (1979) pp.151-152.

<sup>2</sup>Rapoport, R.N. (1960) p.92.

<sup>3</sup>Jansen, E. (1980) p.119. (My italics.)

<sup>4</sup>Hawkins, P. (1979) p.227.



individual therapists",<sup>1</sup> or where the 'ideal' is "a twenty four hour treatment environment".<sup>2</sup>

By the same token, how can one belong to a community, where one's relation to the community is at the same time that of a consumer to a product: "The consumers, in their interviews, gave some indication of those qualities and abilities which are experienced as helpful; good staff are perceived as warm and undogmatic, they 'help me get in touch with my feelings'..."<sup>3</sup> This is one of many references to the member of a therapeutic community as a 'consumer', or which distinguishes between "the consumer of therapeutic community methods and the providers (healers)".<sup>4</sup>

To speak of madness as a disarticulatedness from belonging, is to emphasize, as being a central concern of a therapeutic community, the possibility of generating conditions within which people on the margins might begin to pick up again some of the threads of belonging. This is by no means to make some claim of the order of 'people need people', or to suggest that the role of the therapeutic community is to meet this need. The nature of interpersonal belonging requires for its understanding an entirely different epistemology than that which is invoked by interpersonal consumerism, the provision of caring services, and so on.

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<sup>1</sup>Crocket, R. (1979) p.138.

<sup>2</sup>Manning, N. and Blake, R. (1979) p.154.

<sup>3</sup>Jansen, E. (1980) p.163.

<sup>4</sup>Badaines, J. and Ginzburg, M. (1979) p.69. See also Jones, M. (1979) p.6.



Tom Main writes:

Experiments in sensory deprivation have shown unequivocally that bereft of information from the world around him and thrown back only on his internal resources an individual is liable to become hallucinated, deluded and psychotic. To put this in another way, relations with the environment are essential to mental health. One identifies oneself and experiences one's resources and minimizes distortions of reality through relations with others.<sup>1</sup>

He goes on to make the proposal that "for mental health the personalized individual needs active collaborative relations with personalized others".<sup>2</sup> In this he is, of course, in a sense, quite correct. But he is at the same time thoroughly misleading. His statement seems to be of the order: a person needs relationships rather like the body needs salt. Inter-subjectivity is reduced to natural processes of an objective world; processes expressed in terms of 'information', stimulation, input. Main seems to see no problematics surrounding the notion of a 'need' for a 'personalized other', nor with the 'satisfying' of this need, nor with the idea of staff being provided to satisfy this need, to be a 'personalized other' for him, and thereby put him back on the road to mental health.

### Language

Consider the following remarks on the attributes of a therapeutic community.

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<sup>1</sup>Main, T. (1980) pp.58-59.

<sup>2</sup>Ibid. p.60.

The other feature concerns the use made of what goes on within and between groups of people working and living together. In any treatment or rehabilitation setting there is a choice (not always recognised) of whether to try to understand and harness the group dynamics which are operating, or allow them to work informally and often unseen. The former option marks the therapeutic community approach. Treatment settings established for the specific purpose of creating these dynamics, to use them as the main agent of change, have been termed the therapeutic community proper or the psychotherapeutic community. More recently, the language of systems theory has enabled this, perhaps the most sophisticated aspect of therapeutic community practice, to be further elaborated using the concept of higher- and lower- order systems, which extend from the individual's psyche through to the community at large.<sup>1</sup>

This idea is now familiar. A therapeutic community consists of creating, using, harnessing and understanding group dynamics which otherwise would work 'informally and unseen'. In a 'lay' community, where people live together simply for the worthwhileness of living together, or because they have some interest or passion in common, there reside dynamics which are neither understood nor tapped. In a therapeutic community these forces are understood, at least by the staff, and systematically applied. More than that: the therapeutic community exists for the specific purpose of this exercise.

Implicit in this view is the assumption that the specialized languages of 'group dynamics' refer to what ordinarily goes on between people, and to what ordinary people recognize as going on between themselves. The conceptual schemata and languages of psychodynamics and

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<sup>1</sup>Kennard, D. (1979) p.183.

group dynamics, however, grasp and comprehend these occurrences more thoroughly, precisely and comprehensively.

Examples of technical-psychological language abound. I shall choose one which "attempts to describe a realistic application of ideas derived from systems theory to understanding therapeutic processes in residential care".<sup>1</sup> This extract is taken from a chapter entitled 'Personal growth in the residential community', under the heading of 'personal growth'.

Let us suppose that A is a resident in an institution, and B is a staff member, because this is the interaction we choose to be interested in. I is an environmental event,  $e_A$  and  $e_B$  represent the total input to A and B respectively,  $t_{BA}$  and  $t_{AB}$  represent the transformation of the interaction between A and B,  $f_A$  and  $f_B$  represent the feedback for A and B respectively, and  $o_A$  and  $o_B$  the outcomes of A and B respectively. Obviously, it is  $o_A$  that we ultimately wish to modify; and it is possible to express  $o_A$  in terms of all the other factors.

$$\text{Viz. } o_A = o_B \frac{\frac{I}{B} - f_B + t_{AB}}{\frac{I}{A} - f_A + t_{BA}}$$

These authors conclude:

The theoretical approach outlined here would then form a basis for practical investigation of therapeutic processes in residential care, based upon a coherent account of institutional functioning and such that explicit guidance might be offered to staff members concerning

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<sup>1</sup>Kirk, J.D. and Millard, D. (1979) pp.118-119.



those behaviours which would favourably influence the outcome of care for residents.<sup>1</sup>

Why, it might be asked, do these authors go to such lengths to translate what are (we must assume) otherwise recognizable goings on into an abstract language of this nature? Presumably such a technical language is chosen for the same reason that a physicist, qua physicist, prefers to talk of mesons and quarks rather than tables and chairs. For such a language will, it is argued, provide the therapeutic community theorist with a framework of greater explanatory and predictive power than is furnished by ordinary language.

Scientific language is a 'thinned out' language, whose terms - it is to be hoped - mean only one thing. They are, in this sense, more 'accurate' than the terms of ordinary language; for here one word, or phrase or expression can mean a great many things, and may be nuanced in extremely subtle ways. This relatively high degree of 'accuracy' of scientific language follows from the very considerable theoretical labour which has gone into the production and showing of its terms, in accordance with carefully evolved scientific conventions.

If this 'narrowing' and 'thinning' of scientific language succeeds in bringing into view phenomena, where ordinary language fails precisely because of its richness or 'thickness', this is in marked contrast to the pseudo-scientific psychologism of a great deal of therapeutic

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<sup>1</sup>Ibid. p.127.

community 'theory', which seems to go to great pains to say very clumsily what ordinary language says very well. A very simple example of a statement which seems to say less in trying to say more, and which is a very typical sort of statement is this. "In establishing a therapeutic community, immediately there is a potentially anti-therapeutic component".<sup>1</sup> Rather than speaking of difficulties which anyone involved in starting a therapeutic community might find himself beset by or up against, this author recommends the identification of 'anti-therapeutic components'. How these are anti-therapeutic is difficult to see, since presumably in their absence the notion of the 'therapeutic' would never have arisen in the first place. The first one of these which is mentioned is: "A degree of dependence is invited and the question arises, will it result in conformity and stagnation... or can a transference of dependency needs onto the community be used to release the individual's potential for maturation".<sup>2</sup> The author's stated orientation is psychoanalytic, and so we suppose that 'transference' is here being used in a technical sense. But then what does it mean?

A further problem to do with the language of therapeutic communities, insofar as it shows itself in 'theory', is now apparent.

The therapeutic community views treatment as located not in the application by specialists of certain shocks, drugs or

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<sup>1</sup>Jansen, E. (1980) p.33.

<sup>2</sup>Ibid. p.33.

interpretations, but in the normal<sup>1</sup> interactions of healthy community life.

It is precisely this, the 'normal interactions of healthy community life' that the quasi-scientific jargon of therapeutic communities fails so conspicuously to disclose. The therapeutic community language follows that of psychiatry and psychology. It is predominantly a terminology of function rather than a language which speaks of human being. It is difficult, from within this terminology, even to allude to the distinction between function and being.

Human disorders are seen in terms of loss of function or impairment of function, rather than vicissitudes of being in the world. Therapeutic methods are brought in to repair these faculties or functions:

When a man has his arm cut off, there is no question of his ever growing another. In psychiatry, on the other hand, if a patient loses some of his ego functions, he may<sup>2</sup> recover them as a consequence of treatment.

Or therapeutic methods are mobilized to help patients acquire the various social skills will enable them to function properly, or to perform 'social functioning'.

The process of learning new functions may involve periods of regression, disorganization and inability to function and therefore facilities for such periods should be provided.<sup>3</sup>

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<sup>1</sup>Watson, G. (1953). Quoted in Rapoport, R.N. (1960) p.10.

<sup>2</sup>Rapoport, R.N. (1960) p.28.

<sup>3</sup>Harris, S. (1980) p.127.



Factors... may take over life management functions to the extent that an individuals own personality functions atrophy.<sup>1</sup>

We have seen that communities themselves come to be seen in purely functional terms, according to the services they provide, the forces they harness, the dynamics they utilize, and so on. Communities, for example, are characterized as 'treatment modalities'<sup>2</sup> which 'fully utilize' the "interpersonal interactions of the member in the pursuit of growth towards personality". What we now wish to stress is that language itself is seen as a function, predominantly as a function of 'communication', although also as a 'means' of 'expression'. There is endless talk, for example, of disorders of communication, unrealistic communication or blocked communication between occupants, or of the 'communication skills they have learned as sick people'; but in all this, the possibility of seeing language except as another tool to be exploited or used becomes foreclosed.

And language by no means exhausts itself in its 'communicatory' function, or as a vehicle for the transfer of information. Language may not only represent; it has a power to evoke, incant, body forth, present or disclose. This power is not simply a resource to be used; in many senses we follow language, or reply to language, or submit to language (e.g. as in parapraxes), or speak, in reply to a world which already speaks to us.

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<sup>1</sup>Test, M.A. and Stein, L.I. (1978) p.4.

<sup>2</sup>Whiteley, S. (1979) p.20. Also see Test, M.A. and Stein, L.I. (1978) p.13.

A poetic language reveals the power of words to bring a world into view, to evoke by naming. Poetry is not a special use of language, but rather shows an essential power of language, to reveal the world and uncover its meanings. Ordinary or authentic speech shares with poetry this power to awaken a 'creative' experience of the world.

We embody a stance or position simultaneously in the world and in language. According to how or where we stand in language, quite different worlds may be brought into view. The 'first word' of the baby (that is, the first word to be recognized), the avowals of the lover, and the sergeant-major on parade each speak of, and call forth quite different worlds. One person may say everything in a word - or even in a withholding from speaking - whilst another may say nothing in an entire 'lecture'. A person may be at one time communicating a fact, and at another be speaking a truth, and at another be saying what he means; but these are of course by no means the same. 'Communicating' is not the same as saying, and a world in which people are predominantly 'communicating' or 'trying to communicate' is crucially different from a world in which people are speaking to one another, or trying to speak.

Reference is made to 'communication between occupants'. 'Communication between occupants' may occur when people 'share residential accommodation'. It does not arise where people live together. Sharing residential accommodation is not the same thing as living together;



they are worlds apart. When people live together they usually speak, and in speaking, say things to one another. Heidegger has pointed out the essence of saying, as showing.<sup>1</sup> When I am indeed speaking, I am not just communicating information, but I am showing the presence-absence to me of what I am speaking of, and my presence to those to whom I am speaking.

The world which is shown when people speak is the world they inhabit, the familiar world in which they are at home. In speaking of the 'lived world' the world itself is shown, or opened up. The world is opened up, therefore, depends very much upon the sort of things that people say to one another; or rather, what their saying, and equally their refraining from saying, shows. Here both gesture and silence - each of which partake of language - may equally be seen as 'telling'. Merleau-Ponty offers us the image of two people building a wall between themselves, each placing a brick in the opening left by the other. There is every reason to suppose that gestural conversations of this nature are very common occurrences within therapeutic communities.

It often seems to be assumed that those 'psychological' terms which I have cited earlier refer directly to the everyday world which people ordinarily inhabit; they simply represent a sharpening of the tool of language, thereby providing it with a power, an edge, adequate to the particular task at hand, that of clarifying what it is that people,

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<sup>1</sup>Heidegger, M. (1982) p.111.



unbeknown to themselves, may be experiencing or doing. Group dynamics, it would be argued, are going on all the time between people, but the layperson refers to them and understands them in the rather 'imprecise' terms of ordinary language.

This is misleading. It is not, I believe, the case that group and interpersonal dynamics are going on between Australian aborigines, but that they have not yet evolved or discovered a science capable of detecting them, and then harnessing them. As they gather in conversation, or otherwise engage with one another, they will obviously be seen to be acting with and towards one another in ways, some of which will be perfectly clear to most Western people, others of which will seem very odd or unintelligible to someone who does not understand their culture. But there are not areas of darkness in their own self-understanding which await the importation, if not the spontaneous self-discovery, of group dynamics.

No doubt aborigines have psychotherapists or medicine men who have evolved their own healing metaphors and rhetorical devices - their own system of psychodynamics - which, depending upon its tiredness or freshness, may have enormous potency to heal their acute or chronic cases of derangement. It is unlikely, however, that these healers will build dwellings out of these metaphors, and then ask their patients to live in them, as a means to confronting them with reality.

Similar sorts of assumptions as are made to language are sometimes held to apply to the rules which may be directed to the regulation of life within communities. That is, it is claimed that these merely represent a more precise articulation or a more formal elaboration of the sort of rules that govern social life in the community at large. Formal rules and regulations are an explication of regulative structures which ordinarily are left implicit. A very simple example would be that of a community which institutes a rule that residents must be up and about by 8.00 a.m., and arguing that the same sort of rules, but implicit, apply to everyone; that in the world at large people are not expected to lounge around in bed all day - it interferes with getting a job, leading a productive life, and so on. This is in accordance with the claim made by many therapeutic communities to provide a 'reality oriented' preparation for life outside the community.

We are now led to a consideration of order.

### Order

Some of the essential features of therapeutic community ideology arise from a recognition of the limitations, shortcomings, and 'counterproductivity' of the traditional mental hospital. The traditional institution contains, as it is said, 'anti-therapeutic elements'. But it is not just the 'content' of orthodox treatment that is seen to be deficient. The very structure of the mental hospital with its bureaucratic administration, militaristic hierarchies,



rigid staff boundaries and fixed roles is itself an impediment to therapeutic endeavour. It is the very antithesis of the informal, face to face encounter, confrontative approach which is associated with therapeutic communities. The whole therapeutic community 'movement' is towards the loosening of rigid authoritarian boundaries and structures, and the encouragement of person to person and group interaction, across the formal boundaries of status and rank. Furthermore, it is felt to be of some importance to let patients have a much greater say in the running of the community than they would do in an ordinary hospital. It is also felt to be important to allow patients more 'leeway' as regards, for example the 'expression of unacceptable feelings', or the 'acting out' of undesirable behaviour. Thus it is that we arrive at 'permissiveness', 'democratization', and 'communalism' as 'basic therapeutic community concepts', which refer to principles and practices which are felt to constitute fundamentally important aspects of the therapy.

We have already noticed that these notions are far from being free from contradiction. Occasionally, we find explicit acknowledgement of these contradictions. In a refreshingly candid statement, for example, Mawson writes:

An institution such as a therapeutic community may have as its professed aim the liberation of its patients from the limitations and constraints of neurotic illness or personality disorder, in order that they may go back into the world able to live a freer, more effective and richer life. Closer examination of how such a community actually operates (e.g., its social organization, values, rituals, what behaviour and attitudes it



reinforces) may show it to be directing more energy to satisfying the staff's need to be needed and the patient's desire for a professionally sanctioned retreat from the stress of responsibility for themselves and others. In other words, a contemporary therapeutic community may operate the same sort of defensive-collusive system that characterized the old style asylum, differing only in that the system is dressed up in a new set of sociopolitical attitudes and tricked out with a different set of rituals.<sup>1</sup>

Mawson points to apparent inconsistencies such as the following, which appear within the same articles by Maxwell Jones:

The emphasis on free communication both within and between staff and patient group, and on permissive attitudes which encourage free expression of feeling, implies a democratic egalitarian rather than a traditional hierarchical social organization...

But at the same time ...

In no sense do the staff or the doctor in charge relinquish their ultimate authority, which remains latent and can be evoked when necessary.<sup>2</sup>

Again:

The democratic egalitarian structure of the therapeutic community implies delegation of authority from the central administration to the problem area itself...

But at the same time ...

a daily meeting of the hospital secretary principal nursing officer and physician superintendent...as well as a daily meeting

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<sup>1</sup>Mawson, A. (1979) p.170.

<sup>2</sup>Ibid. p.170.

of the senior staff committee...deal with all the administrative problems of the day as well as problems bearing on patient management.<sup>1</sup>

It is, I believe, inevitable that, given the epistemology upon which therapeutic communities are predicated, a politics will emerge which is a libertarian and psychologically enlightened social control. This is, in effect, merely the counterpoint to the ethics of personal growth, the cultivation of the self, the consumerism of psychological health. In the absence of any broader or deeper cultural, ethical or epistemological questionings it is furthermore inevitable that the political formulations which are arrived at will be highly contradictory. Here I shall illustrate one small area of contradiction which characterizes therapeutic communities by drawing attention to some different senses in which a community may be said to be ordered.

It is taken for granted, as being self-evidently true, that a community must be administered or organized. In a traditional hospital the administration of the community is performed by an administrative hierarchy within which everyone is expected to know his place and what is expected of him. In therapeutic communities an ideal is strived towards whereby everyone has some opportunity to voice issues about which he feels concerned; and whatever his status or rank, this voice will be heeded. An important vehicle for this - which has been seen as the defining characteristic of the therapeutic community - is the large

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<sup>1</sup>Ibid. p.170.

group, the 'control agent' of the organization. Whilst the community still needs to be organized, ordinary members now have some say in the organizational processes; they partake of the 'agency of control'.

The community has to be organized. It has to make decisions about its form and procedures. Limits have to be put on its members, and the breaking points allowed for. It has in fact to be managed. When these management tasks are handed over to the community as a whole, then we have the administrative therapy of the therapeutic community. It could loosely be referred to as management of the community by the community.<sup>1</sup>

The question of the degree to which management tasks may be handed over to the community is at the centre of therapeutic community politics. And indeed, a major area of discussion within the literature concerns the matter of how far democratization should go; how far, for example the principles of communalism, flattening of the authority pyramid etc., should be taken. How far, to what extent, may bureaucratic, administrative, organizational structures be relaxed without the community degenerating into complete anarchy or chaos? To what extent should patients and staff be prepared to meet person to person, bearing in mind that "when such efforts succeed and close relationships are formed, transference and counter transference problems abound".<sup>2</sup>

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<sup>1</sup>Christian, A. and Hinshelwood, R.D. (1979) p.179.

<sup>2</sup>Morrice, J.K.W. (1979) p.57.



These notions to do with 'handing over' authority to a community, and 'flattening the authority pyramid' deserve careful discussion.<sup>1</sup> Authority in this connection is usually understood to be the power which is invested in some particular position, for example, professional, administrative or bureaucratic - and this may indeed be contrasted with 'informality', or the more 'informal' powers which we may possess, such as the capacity to make people laugh, or to command attention, and so on. Yet it is difficult to see how even 'formal' authority can simply be handed over, for it is grounded in common social understandings and conventions, is a part of the power structure of the professions and indeed of the stratification of British society. What does it mean here, then, to 'flatten the authority pyramid'? Maxwell Jones saw democracy as giving residents "the degree of responsibility which is compatible with their capacity at any one time".<sup>2</sup> So he still retains the authority to decide when they are ready for 'responsibility'.

Doctors and nurses in English therapeutic communities were busy dismantling some, if not all of their authority, sharing decisions with patients and striving towards greater informality and equality...<sup>3</sup>

What does it mean here to be dismantling authority? How does their Regional Health Authority take to being dismantled? Does this mean that these doctors and nurses

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<sup>1</sup>See, for example, David Cooper's discussion of 'authentic' authority. Cooper, D. (1967) pp.96 ff.

<sup>2</sup>Quoted in Kennard, D. (1983) pp.53-54.

<sup>3</sup>Ibid. p.5.

should disown whatever legitimate or proper expertise they possess, and 'dismantle' the authority which this gives them to speak? Is the authority which comes of obedience to reason to be flattened in the same way as authority which is obedience to the latest directives of the hospital administrator?

Authority - of one sort or another - is assumed to be responsible for the degree of order which prevails within any therapeutic community. Whilst we must agree that the notions of authority and order are in many ways very closely intertwined, we surely must reject any temptation to think of either of them as being dimensions between which correlations may be discerned. Merely to propose, or to describe, a movement from authoritarian to democratic structures of organization may tell us very little about the different authorities which may be in play. And furthermore, the distinction which is arrived at within this literature, between these different manners of organizing, or imposing order upon a community is finally less important than a distinction we might make between different sorts of order or ordering.

Let us consider in the first instance the sort of order that one can institute by following a plan. It might be termed an administrative or organizational ordering, and it proceeds in a linear fashion. Tidying my desk might be a simple example. I have in mind an idea or picture of what constitutes a sufficiently tidied desk, and then I simply arrange or remove the objects on it



until the top of the desk corresponds to the required state. A social administrator provides a more complex example, or any organizer or bureaucrat who takes his patch or area to be 'in order' when his desk is clear. The notion of 'law and order' understands order in roughly this same fashion: implementation of the law is the means to remove disorder and thereby maintain 'order'.

Such orders as these - brought about by formal ordering or arranging - are by no means the only sorts of order which may be recognized in human affairs. It may escape the notice of the cleaner who sees to his room, but to the scholar who has spent the day at his studies the piles of paper, documents, books and manuscripts which have precipitated in this or that fashion upon and around his desk may exhibit a very particular order. This sort of order, which takes shape, is of a rather different sort from that which is produced by having an image and then following a plan. A person may have a greater or lesser sense of these particular orders as they arise within his life, and of the circumstances which may have to be fulfilled if this order is to appear.

An ordered life might be an example of this sort of ordering. An ordered life cannot be achieved, as the obsessive supposes, by more and more careful organization. It is not achieved by the elimination or removal of its disorders, but by carefully and thoughtfully attending to their forms, structures and meanings, to the order within disorder, or the sense within nonsense. Disorder plays, therefore, a different part in this sort of order; it is a



positive and regulatory phenomenon.

While most human actions are governed by many different rules, each of these sorts of order is associated with different sorts of rules. Learning to walk, as a baby, and learning to march as a soldier are each rule governed, but in quite different ways; similarly learning to speak, and learning a foreign language.

Writing an academic dissertation is a relatively simple example of an activity which is ordered and rule-governed at many levels. Some of these illustrate the administrative or organizational: it must be typed in a certain fashion, distributed to the right people, and on time, and so on. There are quite explicit rules which lay out all these sort of details. There are other rules which are not laid down in the same sort of fashion, but which govern equally the writing of the thesis; rules of grammar, rules of syntax, rules of logic. And are other rules which are not spelled out at all, anywhere, which are to do with such matters as taste and style. A thesis is obviously expected to remain within certain bounds of decency; it is not expected to be full of jokes, although academic dryness, irony or drollery may be quite 'in order'. We might describe the business of writing a thesis in the same sort of way, but this time citing some of the different authorities to which the student is subject, on the way to demonstrating his own authority.

There is a widespread assumption that the sort of order which pertains mostly to the successful setting up and

running of a therapeutic community is an administrative or organizational order. Structure, therefore, is imposed, procedures instituted, programmes implemented. The only alternative to this imposition of structure is assumed to be the 'absence' of structure. There is very little attention paid to the intricate interweaving of different orders, or to the importance of those orders which are arrived at simply in the course of people going about their business or finding their own way with one another.

This sort of thinking is well illustrated in the following example, which was offered by its author as a contribution to the 'debate' as to "the value or otherwise of a structured or a totally unstructured community".

There is the theory that people must give expression to the way they feel and therefore if they feel depressed, their clothes will be on the floor, their shoes dirty and their bed unmade. This also works the other way, and in that case you have a very depressing effect and a circular one. If people can be helped to adopt reasonable habits and to create some structure, this has a good effect, as I have witnessed. And the structure does not have to be imposed in an autocratic way...<sup>1</sup>

Total absence of structure is, I believe, not just asking for the kind of trouble which some people think is therapeutic, but is really creating a situation that is literally not liveable in (besides being unhelpful to patients)<sup>2</sup>

The most important point in this is not, I think, the question of whether or not one subscribes to the 'theory' that people must give expression to the way they feel - and

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<sup>1</sup>Jansen, E. (1980) p.117.

<sup>2</sup>Ibid. p.115.



it is usually very far from clear what people mean by this - nor is it the question of the desirability or otherwise of messiness. It is rather than the notion of a 'totally unstructured community' is a complete nonsense. A heap of clothes on the floor, dirty shoes, an unmade bed - these by no means speak of a situation which is lacking in order. This little collage which is so saturated with meaning, speaks, without question, of a whole structure of reciprocal intentionalities, of contexts and orders which the author does not feel necessary to articulate.<sup>1</sup>

"Doubts have been raised", writes Jansen, "as to the therapeutic value of the absence of boundaries, which for disintegrated people may have the effect of intensifying their terror."<sup>2</sup> Now Jansen is quite right to stress the importance of boundaries, and the dangers to which the ignoring, or forgetting or denying of boundaries may lead, particularly in the case of people who are very 'untogether' or out of it. A very keen awareness of boundaries is crucial to any therapy, or any therapeutic community. But 'boundary' is not by any means the same as 'rules'; for a very important part of boundary is to do with what can and what cannot be spelled out in rules, with what can be put into words, and what must remain unsaid. It is a very central 'symptom' of a great many psychiatric patients that they believe that they can be told the right way to live;

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<sup>1</sup>"Disorder is an excess of order; it occurs when there are too many orders imposed upon a set of entities. Like the contradiction, something is both a cat and not a cat, it faces us not with nothing, but with too much." Weiss, P. (1967).

<sup>2</sup>Jansen, E. (1980) p.30.



that other people know this but are unable or unwilling to tell them what it is. And so they seek psychotherapy, or perhaps make their way to a therapeutic community. Now a good therapeutic community might be able to open up boundaries - and indeed an understanding of the notion of boundary - in such a fashion that people who live there might find themselves freed to some degree or other, such that they are able to find their way about with one another through these ambiguities of interpersonal being. Rules such as Jansen proposes, i.e. house regulations, programmes, procedures which 'exert pressure on members to adhere to the house programme'<sup>1</sup> arise for the most part precisely when members of a community no longer are able to find their way with one another, or no longer know where they stand with one another. It is surely a central theme of psychoanalysis that there is no way that one may rediscover these boundaries of where things belong and where people belong among them and with one another, by following rules.

Our lives are very intricately ordered, just as are the lives of communities, societies, cultures, and so on. This order gives rise to our sense of where things belong; where we belong among them, what is in order, what is out of order, what is 'on' and what is 'not on', and so on, without this usually having to be spelled out explicitly. Part of what is included within this notion of 'order' is suggested by 'style' or 'way'. A person's style will

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<sup>1</sup>Ibid. p.33.

usually show through everything he does.<sup>1</sup> A person's handwriting is recognizably the same whether he is writing with a pen at a desk or with chalk at a blackboard, although of course quite different muscles are involved. The most causal, or intimate, of activities partake of order, just as much as the formal. Rituals, gestures, nods and winks speak of order just as surely as rules and regulations. Some of the orders of everyday life are suggested by the word ordinary; but ordinariness cannot be imposed by order. There is something rather peculiar about instructing someone how to be ordinary;<sup>2</sup> and it is one of the ironies of neurotic life that the attempt to achieve ordinariness must be self-defeating.

When we speak of a household being in order we usually refer to this sort of ordinariness. We refer to the manner in which the household goes about its day to day business. This usually happens well enough without having to put into effect any overall administrative plan. The structure of the house is not so much imposed, as shaped, according to the concerns and priorities which its members have. Most households do not have 'formal rules', but they do certainly have a distinctive style or way, which is most

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<sup>1</sup>All of us have experienced sudden composures, at times of profound distraction and disorganization; sudden sobriety, when intoxicated; and - especially as we grow older - sudden total recalls of our past or our childhood, recalls so complete as to be a re-being. All of these indicate that one's self, one's style, one's persona exists as such, in its infinitely complex and particular being; that it is not a question of this system or that, but of a total organization which must be described as a self. Style, in short, is the deepest thing in one's being. Sacks, O. (1973) pp.203-204.

<sup>2</sup>The Stanislavski School provided instruction in the pretence or the enactment of being ordinary.



intricately 'rule governed'. The idea, however, of making all of these rules explicit<sup>1</sup> is as meaningless as is the assumption that there could be a household which was not ordered. When a mother plays the game with her child: 'This is the way we...' she is not so much showing the child how to put on his shoes, brush his teeth, and so on, as showing him something about the way we show one another the way, which may not always be spelled out in words.

It might be proposed that a healthy household or community, like a healthy eco-system, or a healthy life, contains within its integrity or wholeness its own disorders or disorderings. That is, such an entity is 'in order', or 'works' not when its disorders are removed but when they are included within an interplay of ordering-disordering. This ordering process is dependent upon its complementary disordering - as the mean is dependent upon the variations around it. Disorder (which in an eco-system will include decay) thereby comes to be seen as a generative source. We recall that the Greek 'chaos' contained the seeds from which all things come. A community, if it is to thrive, will not engage in the task of setting things in order, in the sense of removing chaos, but rather will engage in the living process of ordering-disordering whereby health may be maintained.

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<sup>1</sup>"A well-functioning ordinary family is likely to have a complicated and effective management system even though it would not be described in those terms and is often not noticed because it is implicit and stable over long periods. In institutions the same effect can only be achieved by making explicit the managerial functions and relationships." Menzies, I. (1979) pp.203-204.



### The Programme

A further example of 'administrative order' to which we may now turn is that of the house or community programme.

The community structure defines certain limits which are considered necessary for the functioning of the group. Common limits are: adhere to the programme...<sup>1</sup>

Common elements in ensuring that the community exerts a positive effect are... explanation to the applicant of the community's goal and programme...a programme which is planned to engage and retain the involvement of residents.<sup>2</sup>

The impact of the house programme is reinforced by the community's culture, norms and values, which exert pressure on members to adhere to the programme, and to encourage others to do so.<sup>3</sup>

These programmes, which are 'designed to produce group cohesiveness' are 'oriented towards autonomy'<sup>4</sup> and the 'mobilization of initiative'.<sup>5</sup> The assumption that human life may be organized by programmes, whose purpose is to 'motivate patients in the direction of autonomy'<sup>6</sup> may seem particularly paradoxical where it is applied in the case of persons whose capacity for autonomy, responsibility, and independence may be especially in question. In fact, responsibility comes to be seen simply as the living up to a system of expectations.

As a general rule, however, it can be stated that opting out of the work programme is

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<sup>1</sup> Jansen, E. (1980) p.37.

<sup>2</sup> Ibid. p.33.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid. p.34.

<sup>5</sup> Badaines, J. and Ginzburg, M. (1979) p.74.

<sup>6</sup> Jansen, E. (1980) p.22.

seen as an infantile avoidance of responsibility which people can and should exercise within the community.<sup>1</sup>

The therapeutic community is designed to produce group cohesion and a high level of interaction, with the aim of constructive behaviour in the anticipation of some resistance. The conflicts and obstructions which emerge are then recognizable as defences arising from individual and group needs, often of an infantile nature.<sup>2</sup>

The notion of responsibility as the living up to expectation is brought out in the following list of Expectations of a community:

1. Members are responsible for themselves.
2. Time keeping is important.
3. Medication is to be responsibly reduced.
4. Maximum participation is expected in the community and in groups.<sup>3</sup>

Many people assume that disturbed people are particularly in need of the sort of structures such as I have referred to; the more disturbed, the more robust these structures must be, and the more firmly set the limits of their tolerance. One feature of the community programme which is designed to provide just this sort of structure is the house timetable, which breaks the day down into its various programmed components. "One of the crucial issues that therapeutic communities have to deal with is the problem of structuring the day."<sup>4</sup> One way of coping with this problem is to break the day down into such a "daily round of organized activities" as the following:

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<sup>1</sup>Ibid. p.36.

<sup>2</sup>Ibid. p.37.

<sup>3</sup>Manning, N. and Blake, R. (1979) p.148.

<sup>4</sup>Grunberg, S. (1979) p.249.

7.30 - 8.30	Breakfast
8.30 - 9.45	Community meetings
9.45 - 10.15	Tea
10.15 - 11.15	Doctors' groups
11.15 - 12.00	Workshops
12.00 - 12.30	Lunch
12.30 - 13.00	Ward meeting
13.00 - 16.00	Workshops or therapeutic interviews
16.00 - 16.30	Tea
16.30 - 18.30	Free time
18.30 - 20.30	Unit social
20.30 - 21.00	Prepare for bed
21.00 - 07.00	Sleep. <sup>1</sup>

This list is commented upon as follows:

Treatment potentialities are seen in every aspect of this pattern. In any particular kind of activity, be it doctor's therapeutic group, furniture repair shop, or evening social, all members of the unit are meant to be 'permissive', 'democratic', 'communal', and reality oriented. The participants ideally orient their activities in terms of these values, rather than predominantly in terms of other cross-cutting aims such as personal gratification...<sup>2</sup>

The "abstract permissiveness" allows patients to attend as they choose although an absolute requirement "indicating minimal positive orientation to the treatment as a whole" is that patients must attend the 8.30 a.m. meeting and "be in the ward in pyjamas at 9.00 p.m.".

The principle rationale for the pattern is that it includes a round of activities that is to some degree a replica of the social life of individuals living in the non-hospital community... Treatment is meant to be all-pervasive, and the rehabilitation effect of treatment is meant to be enhanced by creating a pattern of activities that is like that of the average person outside.<sup>3</sup>

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<sup>1</sup>Rapoport, R.N. (1960) p.80.

<sup>2</sup>Ibid. pp.80-81.

<sup>3</sup>Ibid. p.81.



What is 'free time' which is 'ideally oriented towards community values'. Other timetables refer to 'unstructured time' between '2.00 and 3.00 p.m.' or 'relaxation and tea' between 5.00 and 5.30, and so on. What sort of times are these?

In these therapeutic community timetables the day is apportioned into a number of sectors which are filled with therapeutic activities of one sort or another, including 'free time' which is another sort of house activity. This apportioning of time extends to a resident's stay in the community; his time of residence is expected to have a specific duration of six months, a year, or two years, with review of progress at periodic intervals. During this time, he is expected to accomplish his work of change or growth. When he leaves, staff are expected to keep in touch with him to see how he is progressing:

For those who do not seek to keep in touch, staff have a responsibility to make contact by correspondence after half a year and one year to establish how ex-residents are managing, as well as to demonstrate concern for the ongoing welfare of the residents concerned.<sup>1</sup>

While most people in Western cultures are quite familiar with the pressures and demands of timetables, appointments to be kept, and so on, and articulate their lives quite readily into the structures of conventional time, they do not ordinarily measure out their lives into hours and minutes allocated to their various activities.

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<sup>1</sup>Jansen, E. (1980) p.48.

Nor do they usually experience their time in terms of these chronical units. If a person, for example, is asked how he spent his day, we might think it rather odd if he replied that he got up at 7.30, brushed his teeth and shaved at 7.35, had breakfast from 7.35 till 7.55, caught the bus at five past eight, and so on. He would be more likely to speak of the different times of his day rather than the hours and the minutes that these times occurred in. He might tell us that in the morning he was bored and time dragged, but in the afternoon he became engrossed in something and before he knew it, it was time to go home. The sort of day that a person has has much more to do with the nature of these times than the time that they took.

Although I make use of timetables, keep appointments and so on, and thereby gear into the conventions of chronological time, this is not 'my time', that is, the time that I live. I have an appointment to meet a friend tomorrow at 10.00 a.m. But I do not orient myself towards that meeting as a future event in a grid of time made up of so many equal hourly units. Rather, within the unitariness of my time, this meeting which I am looking forward to already awaits me, my friend has a presence for me now, at a distance which I can feel. I am not separated from that meeting by so many hours, so much as borne towards it by the projects to which I am committed, and which constitute my time and my life.

Here we are indicating very approximately a distinction between what might variously be called objective time, chronological time, serial time, passing time - and lived



time or phenomenological time. Chronological time, for instance that which is measured by the clock, we usually regard as a seriality of 'nows'. The past consists of traces or records of 'nows' which are no longer, the future of anticipated 'nows' which are yet to come. We are in time, as a dimension which has a peculiar quality of being like a stream flowing at a constant rate, passing over us. We divide time into the equal units which tell us how much of it has passed between one now and another, or between one 'event' and another. We know how much time has passed between the event of our birth and the present time; an actuary will tell us of the probabilities of different periods of time which remain for us.

We tend to characterize live time, on the other hand, by reference to its openings and closings, cycles and phases, flowerings and fruitions. The time 'to every purpose' can be 'right' or wrong, ready or not yet ready, premature or too late. Lived time is characterized first of all by its rhythms, its ebbings and flowings (the etymology brings together the words time and tide) its arisings and unfoldings, upwellings and advents. Where we might be said to be living, either temporarily or chronically, in a modality of 'chronological time' we might typically be found 'watching the clock', 'clocking in and out', filling time, killing time. 'Biding' our time is rather different; it is a staying with, rather than a mere enduring. Notions which we might typically associate with lived time are those such as spontaneity, timeliness, readiness, and possibility.



We are sometimes inclined to think of 'lived time' as being simply the 'subjective experience' of real, or objective time. Careful reflection makes this a difficult position to justify. Many philosophers have pointed out the unsatisfactoriness of a 'pure time' which flows like a stream; indicating for example that this metaphor itself pre-supposes time.<sup>1</sup> Perhaps the extraordinarily intimate 'relation' between human being and time - such that we might be said to be 'the upsurge of time' - shows itself nowhere more clearly than in the particular temporalities of people who are 'mentally' ill. Psychiatric disorders might well be said to be 'disorders of time', disorders which are in one way or another closures of time. The healing of these 'takes' time, in the very particular sense, for example of the retrieval of time. Typical neurotic complaints are to do with the 'emptiness' of time, with the 'sameness' of it all, with past, present and future being closed off from one another in different ways, with always living in the past, or always living 'in the future', but never in the present; with inability to be spontaneous, and so on. There are 'typical' disorders of lived time, such as are associated with the manic, the depressed, the obsessive, and so on. Freud of course, drew attention to the relationship between sexuality and time, to the timelessness of the unconscious - as well as inventing the 50-minute hour.

How is a therapist - or a community - able to help someone remember time - remember his own future, awaken that

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<sup>1</sup>See, e.g., Merleau-Ponty, M. (1962) pp.410 ff.

time which is his own advent or upsurge into the world? How can a community help someone who is 'out of time', who has lost track of his time, whom time passes over, or whose time is the unending hell of eternal repetition? We might say that such a person 'needs' time (but not as the body needs salt!) or that a community must 'have time for' its members, if time is to be opened up.

This speaks of an entirely different time from that which is accounted for by the activities of the house timetable. Here, every moment of the day is structured as a 'having time for' the patient. Not a single second is wasted.

But by no means does having time for refer to chronological time which is meted out. We can have a lot of time for someone whom we hardly ever see, and we can spend all day with someone for whom we have very little time. Having time for does not mean just putting in the hours and minutes. Rather than indicating that members of a community have time for one another, the timetable which I have illustrated suggests that here there is no time to have time for one another's own time. Such a structuring of time forecloses the possibility of authentic time, because all time is contained within the parameters of an overall directive or plan, all time is used as efficiently as could be, in the service of a pre-ordained project, expressly designed for the patient's good. Every moment of the day is accounted for. It is a very minor consideration that residents are not in fact compelled to take part in all these activities, since this freedom is itself contained within the directives



of the 'abstract permissiveness'.

The day has been divided into little units, and into activities accorded to each unit, and time is narrowed or constricted to a seriality of events. There is no temporal ground for time to take seed, since all time has been used up. These slicings of the day into purposive activities cut across or disarticulate what might be the 'temporal wholeness' of a community, and ensure that the potency of its time, its power or capacity to open time's backwaters, remember time, will not be realized. A wholeness is not a uniformity. People may need time to remember; but different times may have different fecundities for different people. Some people may need nothing so much as the reassurance of the sureness of the ordinary, the comings and goings, openings and closings of the everyday. Some people may want to do everything at once, others may need to do nothing, or to 'lie fallow'.<sup>1</sup> Some people may need time to 'give', others to take, some to 'work', some to 'refrain from working'; to everything there is indeed a season. Some people may wish to stay up all night and sleep all day; or stay up day and night, or sleep day and night.

If a community can open itself to, and have the time for, all these times, and include them within its own rhythms of comings and goings, gatherings and dispersings as people go about their business, it might then find itself freed from the absurdities of 'structured versus unstructured time', and having found its way towards a living of that

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<sup>1</sup>See 'On Lying Fallow', Khan, M.M.R. (1983) pp.183 ff.



time which is of the essence.

### Summary Conclusion

The contemporary psychiatric therapeutic community consists of a method, family of methods, or 'context-method' for the treatment of ailments variously described as mental illness, psychological disturbance or disorder, problems of living. These communities have arisen within the last thirty years or so, largely in response to the realization that traditional forms of institutional care for the mentally ill are, or may be, seriously faulted.

But these 'alternative' forms of treatment are themselves seriously faulted. I shall very briefly recapitulate some very general and far reaching faults, errors or sources of confusion, under three main headings. By no means, however, do all of the criticisms which apply to therapeutic communities fall neatly within these headings; nor do such critical points as I have raised apply to all therapeutic communities to the same degree, or in the same way.

Firstly, therapeutic community epistemology is predominantly medicalistic. The explicit movement of the therapeutic community approach to treatment is away from the traditional medical model, where professionally distanced doctors and nurses provide packaged treatments for passive patients. In fact, most therapeutic communities simply 'update' the medical model by allowing the patient more 'say' in his treatment and including a wider range of

therapeutic devices on the list of medicines. The concept of medical treatment is expanded until the community itself becomes the doctor.

Secondly, insofar as there is a shift from a medical to a non-medical 'frame of reference', it takes the form, for the most part, of a slide into psychologism. Psychologism, in this context, illustrates the principle of being 'too clever by half'. Psychologism reduces the person and his social, cultural, and interpersonal world to psychological processes, forces, vectors and dynamics - and ends up with a world inhabited by no-one. Therapeutic communities frequently commit a double psychologistic error. They first reduce the lived world to a ghostly world of psychologistic abstraction, and then proceed to construct models out of these abstract elements which are then applied or put into practice in the running of the community.

Finally, therapeutic community thinking and practice is predominantly technological. It reduces psychotherapeutic practice to technique, being to process, and 'community' to 'organization', whose resources may be utilized or exploited towards therapeutic goals which are not themselves subjected to any critical examination. We are left, therefore with a politics of community which, in the absence of telos other than that of individual growth or social adjustment, reduces to the dynamics of control and toleration.

These fundamental errors are deep errors of appraisal, or epistemology; they are not errors of method. That is, given the assumptions from which therapeutic communities



start, the procedures which ensue are often logical and consistent. These errors cannot therefore be remedied by tinkering with the methods, introducing finer and finer tunings and adjustments, or devising alternatives to the alternative. They call instead for a fresh appraisal of the phenomena, which must first of all be brought into view. At this point a way may show itself, which is a radical departure from any structure of treatment alternatives.

These critical remarks notwithstanding, it would be churlish indeed to deny that many therapeutic communities obtain results; and results whose value is beyond equivocation. There can be little doubt that many people who live, or have lived in therapeutic communities of the sort that I have described would describe themselves as considerably enriched by the experience. However, it cannot by any means be assumed that the results obtained by applying therapeutic community methods follow as a logical consequence of the particular methods employed. I have pointed out that this insight - the logical independence of therapeutic method and result - proved to be a crucial factor in the evolution of 'social psychiatry' and the therapeutic community. It was discovered that the relationship was more important than the medicine. Now the relationship comes with the medicine, and finally comes to be the medicine. We come full circle.

How large a part, in the recovery of mentally ill people through therapeutic community methods of treatment, may be played by the emergence or survival of little pockets of simple, unmotivated companionship? If members of



therapeutic communities do indeed come to enjoy themselves a bit more, could it not be possible that this happens as much despite as because of treatment; and is in part at least, a moving testament to the indefatigability of the human spirit?

This much, however, is clear. A therapeutic community which puts itself forward as offering an alternative treatment for mental illness is for that very reason obliged to close its doors to other possibilities, which, too, have a claim to be considered therapeutic. It is with these other possibilities that I am concerned in this study.

PART TWO

## Introduction to Part Two

When today we oppose 'practice' to 'theory', we usually have in mind lived life as opposed to abstract ideas, or else man's acting as opposed to his 'mere' thinking and reflecting. Almost nothing in this distinction which today is found in all European languages, reminds us of the fact that it is a last relic of several categories in terms of which the Greeks tried to tackle a question highly characteristic of their culture, namely, which is the best and most desirable of lives. For when the Greeks opposed to each other theoria and praxis, they did not have in mind abstract doctrines in contrast to their concrete application; nor did they, without further ado, think of the two most obvious facets of man's conscious life, his thinking and his acting. Rather, what they had in mind was a distinction between various kinds or walks of life - a distinction which permitted them to tackle the kind of questions which it was customary to ask at the Delphic oracles: Who is the most pious, the most happy, the wisest, the best of men?<sup>1</sup>

This is a 'theoretical' work on therapeutic community. In the previous pages I have examined some of the ways in which therapeutic communities tend to be thought about, discussed, and justified. And in this sense, I have limited my attention to therapeutic community 'theory'. I have made no empirical study of therapeutic communities to see what their members in fact do, or to see whether what they do differs from what they say they do. I have so far not entered into any therapeutic community. Yet perhaps it would be premature to claim that I have been concerned with theory as against practice, for after all thinking, discussing and justifying are activities; and explaining the ways of one's community is a very important activity

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<sup>1</sup>Lobkowitz, N. (1967) p.3.



indeed.<sup>1</sup> The distinction between 'theory' and 'practice' - between thinking and acting - quite clearly becomes an intricate one when we suggest that the purpose of therapeutic community theory is to awaken thoughtful action.

If the first part of this thesis is taken up with a 'critique' of prevailing theory, then the direction which it now takes is towards an elaboration of the 'ground' of this critique. Thus, whilst the movement of my theorizing is, in a certain sense 'destructive-constructive', it is important not to make the mistake of seeing part two as attempting the positive task of theory building; of constructing a better theory, or theoretical model of the therapeutic community than those which have preceded it. In order to make this more clear, at this point in our theorizing we may take the opportunity to make some comments on the nature of 'theory'.

The notion of 'theory', as a substantive, may itself be misleading. A modern 'theory' has become something which we have or possess, the correctness of which is debated or demonstrated by its power to control. We build theories, which enable us to build better theories; or we use theories as 'buildings' scaffolding, as when we talk about theoretical 'frameworks'. Or we use theories as 'models', enabling us better to 'understand' the world. These theories and models become shared as common property or common knowledge: everyone knows now that  $E$  equals  $mc^2$ .

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<sup>1</sup>"Words are also deeds." Wittgenstein, L. (1972) p.546.

The modern theory is a tool of construction, by means of which we gather experiences together in a unified way and make it possible to dominate them. We are said to 'construct' a theory. This already implies that one theory succeeds another, and each commands, from the outset, only conditional validity, namely insofar as further experience does not make us change our mind....What modern science calls theory has, it would seem, scarcely anything to do with that attitude of seeing and knowing in which the Greek accepted the order of the world....Ancient theoria is not a means in the same sense, but the end itself, the highest manner of being human.<sup>1</sup>

Why attempt to recall the Greek theoria? Let us merely propose that the powerfulness of theorizing may have become forgotten, paradoxically, when its correctness comes to be confirmed by the demonstration of its power. The nature of theory, as a telling showing, has become forgotten when the truth of a theory (e.g. a 'scientific' theory) is demonstrated by the push of a button. The notion of 'theory' reaches absurdity, for example, when the 'truth' of medical theories of madness is demonstrated by the power of psychopharmacology to render individuals unconscious. Let us propose, further, that even such as we are able to glimpse of Greek 'theoria' may serve to expand our vision of theory and our expectations of 'theorists', and awaken our sense of the powers to which theory is subject.

Theoria, which is usually translated as 'contemplation', is generally understood as referring to a way of life - the contemplative, 'theoretic' or philosophic life. Contemplation of the true, the eternal, the unchanging, the Good, fulfills that which is highest in man; and indeed

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<sup>1</sup> Gadamer, H.G. (1981) p.412.



insofar as man contemplates the divine order and takes part in its eternity, he succeeds in transcending what the Greeks experienced as man's most distinctive character, his 'mortality'. But if the contemplative life is the 'best' life for man, this is not to say that it somehow competes for this prize with the practical life, or life of action. The contemplative life is not 'other-worldly'; and the theoretical man may contemplate his friendships as much as the starry heavens.<sup>1</sup>

Contemplative and practical life closely and intricately implicate one another. They are related in some ways as dimensions of human life.<sup>2</sup> Not everyone may contemplate, for a disordered life does not lend itself to this attitude. At the same time, a man may come to possess a practical understanding or wisdom <sup>1</sup>only through some degree of contemplative understanding of what is Good. From this it follows that theoria is not simply spectating, speculating or 'looking on', for presumably everyone is able to do these things.

The theoros originally was the envoy or representative (theoria being the group of such ambassadors) delegated by the city-state to consult an oracle, and to witness the sacred festivals of another city-state. 'Theoros' came to mean 'spectator' - but also the traveller who visits foreign countries to learn something of their ways. What is important to emphasise about the theoros is that he himself shares, or partakes of the total order of which he is now,

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<sup>1</sup>See, for example, Rorty, A.E. (1980) pp.377 ff.

<sup>2</sup>See, for example, Lobkowicz, N. (1967) p.26.



in his witnessing, a part - he is chosen according to his capacity to be moved or changed in accordance with the sacred events which he beholds, and to make his 'seeing' manifest in his conduct. Clearly, one of the ways in which the 'seeing' of the theorist will be manifest, will be in his speech.

Theories provide a bridge between language and experience. The two major parts of theory are concepts, a part of language, and variables, a summary of experience. A theory uses concepts and variables plus other various assorted parts to span the gap between what we know as ideas and what we perceive as experience...

This quotation from "The Art of Theory: construction and use"<sup>1</sup> illustrates a rather typical modern understanding of 'theory'. It is clearly a far remove from the Greek experience of 'theoria' to this contemporary sense of theory as construction. More important: what is most essential to theory may have become lost in this remove.

I propose here that 'theorizing', rather than being thought of as an activity culminating in the production of 'a theory', a bridge between language and experience, may be thought of as the activity of awakening the experience of language. Here, theorizing silences chatter by pointing to the silence which chatter covers up. In silence the world may show itself; for the world speaks silently. Far from being a bridge, theory is a pointer to the unbridgeable; not unbridgeable because the 'gap is too wide', but because the other side is too near.

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<sup>1</sup>Mullins, N.C. (1971) p.7.

Theorizing is a speaking which is a telling, a saying which is a showing, a showing which points to...; but theory can never spell out that by which its speaking is authorized, that to which it is subject.

Theorizing is a display of the theorist's commitment to some conception of the difference between his speech and that about which it speaks. Theorizing is then an argument for the rationality of the authority under whose auspices it speaks. As an exposure of its own commitment, theorizing displays its Reason for speaking in its very speaking...<sup>1</sup>

The great tradition in theorizing is the tradition that re-members the problem of Socrates...To remember the problem of Socrates is to remember the moral grounds of speaking as a saying and the imperativeness of constantly re-asserting these grounds even while employing them. To show the Good while orienting to showing itself as a faithful responsibility. To submit speech to this demand - to attempt to say what ought to be shown - is to show that towards which the saying aspires as that which is Good, it is to take the risk of faithful speaking.<sup>2</sup>

These orientating remarks on 'theory' must serve as an introduction to the way 'theory' is to be understood in these chapters; as orientation. The aim of the thesis is to orient the reader towards that which provokes its theorizing, and towards that which grants it authority to speak. Three themes about which this theorizing-orientating is organized may be mentioned.

Firstly, theory itself. I point first of all to the sort of theorizing - and the sort of starting point for such theorizing - which the phenomena in question, to do with 'therapeutic community' - call for.

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<sup>1</sup>Blum, A. (1974) p.180.

<sup>2</sup>Ibid. p.38.

Secondly, I point to certain considerations which pertain to the way, and the waywardness of human being. I propose that the way of being human is dwelling. This is not to make an empirical-theoretical claim which meets the requirements of 'falsifiability'. It is not a claim which is proved incorrect by the existence of nomads or people who sail round the world in small yachts. Neither is it simply a rhetorical device designed to remind the reader through some 'poetic' invocation of the importance of 'home comforts' in our lives. Rather, it is an endeavour, which makes no attempt to banish rhetoric from its understanding of reason, to speak of what it is for a human being 'to be', as distinct, for example, from being swallowed up in some process; or absorbed within a totality.

Thirdly, I attempt to suggest how this inquiry into human being itself prepares us to receive a notion of 'concern' which is quite other than that concern which leaps in, smothered in its own good-intentionedness, to show other people how to live.



## CHAPTER FOUR

### FIRST PRINCIPLES

#### Practical and Theoretical Science

I hope to have shown in part one that the theorizing associated with psychiatric therapeutic communities is seriously flawed, and fails to bring into sufficiently clear view the nature of the concerns proper to such a field of practice. I have argued that the medicalistic and psychologistic prejudices which prevail throughout this literature stand in the way of any adequate recognition of a range of phenomena which are crucial to an understanding of the nature of community, and of the circumstances under which a community might be able to foster the well-being of its members. Phenomena which I have particularly in mind include those which seem to be overlooked precisely because of their ordinariness; conviviality and companionship seem to be obvious examples.

The question therefore remains: if neither the sciences of medicine, nor psychology, provide a ground whereupon considerations of this sort come readily into view, and if they fail, furthermore, to furnish principles upon which, from which, or guided by which a therapeutic community may be built, where then do we turn in order to arrive at such first principles? And what might such first principles be?

It is important, at the outset, to recognize that the nature of those first principles appropriate to one field of endeavour may be quite different from those appropriate to another. Therefore, not only must we question the assumption that medicine or psychology might furnish the

founding principles of a therapeutic community. We must first of all inquire as to what sort of 'first principles' might be more appropriate to a discipline of this nature. Here it may be useful to recall a distinction which is discussed on a number of occasions by Aristotle, between the theoretical and the practical sciences.

The theoretical, demonstrable, or exact sciences (epistēmē) were directed to an apprehension of the truth of being, for its own sake; it is roughly akin to what we speak of as 'pure science'. The object of the theoretical sciences was the analysis of the real or actual, and the movement of inquiry proceeds from necessary, certain or self-evident principles towards demonstrable conclusions. There were according to Aristotle three branches of demonstrative science. Metaphysics, which investigated reality as a whole, primary causes and essential attributes of all reality; mathematics, concerned with number, point and line, axiom and derivative theorem, postulate and corollary; and physics, concerned with reality studied through its aspects of matter and body qua changeable, with form and potency.

The practical epistēmē were, according to Aristotle, concerned with human affairs (prakta) and human conduct (praxis). They were the epistēmē of conduct, whose concern was the art of living. They were divided into the three domains of politics, concerned with life in the polis, economics, with the family and household, and ethics, concerned with excellence of character (ethikai aretai) and practical wisdom (phronesis). These sciences were for Aristotle, as they were for Plato, quite inseparable. In



a number of important senses Aristotle's Ethics and Politics complement one another.

Practical epistēmē (I shall restrict my comments to Aristotle's Ethics) was concerned to indicate that life which is the best for man, according to his powers and circumstances. It was directly addressed to the cultivation of those capacities whereby this 'best life' may be recognized, preferred and chosen.

Of the distinction between the two sciences, Averroes, the fourteenth century Aristotle scholar and commentator, writes:

We say: this science, known as practical science, differs essentially from the theoretical sciences. Now this is clear inasmuch as its subject differs from the subject of each and every one of the theoretical sciences and its principles differ from their principles. This is because the subject of this science is volitional things, the doing of which is within our power, and the principle of these things is will and choice; just as the principle of natural science is nature and its subject the natural things, and the principle of the divine science is God (may He be exalted) and its subject matter the divine things. Furthermore, this science differs from the theoretical sciences in that their end is knowledge alone; if there is anything of action in them it is by accident, as happens in many of the matters that the mathematicians study. Now the end of this science is action alone.<sup>1</sup>

We may notice three important distinctions between theoretical and practical epistēmē.

First of all, practical science, unlike, for example, mathematics or physics, is not proposed as an exact science.

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<sup>1</sup>Averroes (1974) p.3.



As a discipline, we rather speak of it as exacting. (Exact derives from the Latin, 'exactus', precisely weighed or determined, precise, from exigere, to weigh, to achieve, but also to drive out, hence to cause to come out, whence to exact.) It is concerned with knowing what modes of conduct, or responses, are appropriate to particular concrete situations and circumstances. It does not aim to arrive at general, universal and demonstrable truths, which are always or necessarily so. It will achieve "such clarity as the subject matter allows, for the same degree of precision is not to be expected in all discussions".<sup>1</sup> The subject matter of the practical sciences, namely the vicissitudes of human conduct and fortune, place an inherent limitation upon the nature and the exactness of its conclusions; if the practical sciences do yield generalizations about human conduct or argue from such generalizations, then they must be content to arrive at conclusions which are "for the most part true".

Now questions of conduct and expedience have as little fixity about them as questions of what is healthful; and if this is true of the general rule, it is still more true that its applications to particular problems admits of no precision. For they do not fall under any art or professional tradition, but the agents are compelled at every step to think out for themselves what the circumstances demand.<sup>2</sup>

Secondly, as the above quotation suggests, the practical sciences are situational; they are concerned with the down to earth concrete realities of resourcefulness, as it is demanded by occasion, with the ability to appraise situations,

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<sup>1</sup>Aristotle (1976) pp.64-65. Nichomachean Ethics, I, (iii) 1094b 12.

<sup>2</sup>Aristotle (1976) p.65. Nichomachean Ethics, I, (iii) 1094b 20.

to assess what is according, fitting, right, appropriate to the demands of particular situations and circumstances. They are concerned not only with intellectual understanding of what is the case (nous) but with phronesis, practical intelligence or wisdom - the perfected excellence of practical nous. We might say in colloquial terms that the emphasis of the practical sciences is upon 'home truths' rather than universal truth, although this claim would require qualification. For the man of phronesis is not merely the possessor of the savvy or knowhow which is street-wisdom; his conduct is guided by some degree of knowledge of that which is the best life for a man - and thus we may still speak of the sphere of the practical as an epistēmē.

Practical sciences, whilst they are not reducable to, or derivable from the theoretical, are by no means situated outside the domain of lawfulness.

Human civilization differs essentially from nature in that it is not simply a place in which capacities and powers work themselves out, but man becomes what he is through what he does and how he behaves, i.e., he behaves in a certain way because of what he has become. Thus Aristotle sees ethos as differing from physis in that it is a sphere in which the laws of nature do not operate, yet it is not a sphere of lawlessness, but of human institutions and human attitudes that can be changed and have the quality of rules only to a limited degree.<sup>1</sup>

Aristotle's Ethics are addressed to the furtherance of those capacities whereby an agent will acquire those tastes

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<sup>1</sup>Gadamer, H.G. (1981) p.249.



of judgement, and prefer those actions which are appropriate to the time, place and 'politics' of situation, determined not simply by intellectual understanding but by the enlightened self-interest of phronesis, practical intelligence. It is important, finally, to note therefore that the action or conduct with which the practical sciences are concerned is praxis: it cannot be separated from the acting subject. Aristotle considers, for example, that his teachings on fitting conduct are accessible only to a subject who is already disposed in some ways to receive them. His teachings are concerned not primarily to lay down general rules or even guidelines of conduct, but to engender in the agent, or refine, fixed dispositions of a 'second nature', oriented towards the fulfillment of well-being or flourishing (eudaimonia - usually and not altogether misleadingly translated as 'happiness') which discipline itself presupposes a certain disposition of character, an already according ethos.

Embodied knowledge of fitting conduct, therefore, is quite distinct from learning the skills of social behaviour; practical science is not a productive science, as may be cultivated by the artist or craftsman, it is not simply a 'know-how'. Ethical knowledge is not a knowledge that we 'possess' in such a way as to apply it, or so as we are able to bring it to bear upon specific situations. Unlike technical or productive knowledge, which is particular, and serves particular ends, practical knowledge is concerned with right living in general, and at all times. Ethics proceeds on all fronts. It is, furthermore, a reflective



knowledge, in the sense that it directly implicates the agent's relation with himself.

The healthy soul, on the other hand, is not simply in the hands of some 'nature' which takes care of it; it does not possess a natural good constitution which could be said to govern it. The soul is always aware of the danger of disharmony because it must knowingly aim at being at unison with itself. It must pay constant attention to ensure that it maintains its accord with itself; or, put another way, its self-accord is endangered at every moment. In preserving phronesis, in existing as knowing, Dasein attains to a lasting governance of itself. Thus in the case of the soul it is not sufficient to have merely characterized its healthy state. The real concern is to prevent it from being led astray.<sup>1</sup>

### Practical Science and Psychology

The distinction between Aristotle's practical and theoretical epistēmē, and the nature of these sciences as they were characterized by Aristotle do not, perhaps, readily coincide with their equivalents in contemporary thought. Needless to say, we do not find any exact correspondence between the theoretical sciences of Aristotle's day, and their modern day versions. Notwithstanding our different conceptions of science, however, the distinction still holds good, although nowadays only one pole of the distinction would be graced by the appellation of 'science'.

It is not difficult to allocate to contemporary psychology an approximate position within the range of that which Aristotle calls 'theoretical science'. Psychology, for

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<sup>1</sup>Gadamer, H.G. (1980) p.88.

example, aims at exact truth (this claim is not lessened by the degree of psychology's reliance upon parametric statistics), at the quantifiable, measurable, replicable; it is far from being content with those rough and ready, often contradictory truths of 'human nature' which are etched in history, literature, folklore, common sense. It is, furthermore, concerned to arrive at theories pertaining to the general rather than the particular; with laws, that is, which illuminate the ways in which 'people' behave - laws which are arrived at in accordance with prevailing scientific method, and which meet generally agreed requirements of falsifiability, communicability and so on.

And this entails issues which are quite different from those with which a therapeutic community will be most intimately and immediately concerned, which seem, on the face of it, to be precisely those with which practical science grapples. For the fact that the subject of ethical discipline resembles the scientist in the fact of his pursuit of truth should not force us to assume that it is the truth of fact which he pursues. Belonging to the ethical sphere is the truth of situation - the truth which *is*. The distinction which Aristotle brings to our attention, therefore, does suggest that a different order of theoretical discussion from those which prevail may be of the utmost relevance to our present area of inquiry.

A psychologist approaches his field of concern with some (albeit provisional) theory in mind, with which he compares the nature of that which confronts him. His seeing is framed through some set of formal constructs, or through



some 'theoretical model' which defines or characterizes that domain of human reality which is his particular interest or field of expertise. He will furthermore, qua psychologist, and depending on his 'theoretical orientation', found his practice (whatever it is, whether it be designing intelligence tests or personality inventories, producing better experiments and better theories, or treating abnormalities) upon a particular set of generalizations or principles, according to his own particular formalization of human nature. If he is of the behaviourist school, he will probably start from a - more or less sophisticated - stimulus-response model of man. If his inclinations are towards the humanistic school, he will probably start from a set of assumptions as to man's innate capacity for growth and self-actualization. If he is a construct theorist, his assumptions will be to do with the personal construct system which determine a person's perception of the world. Again, if he is a psychologist of psychoanalytic orientation, he will be likely to attribute to the mind a rather different structure, according to its instincts, dynamics, and internal economics.

Let us suppose that he is engaged in a clinical field of practice. According to his theoretical orientation he will proceed on the basis of a number of assumptions as to the nature and causes of the abnormal manifestations confronting him. For example, his patients or clients will be suffering from maladjusted conditioned responses, from environmental factors which block the instinct towards self-fulfilment, from invalidated core constructs, or failure of the ego to adjust to reality.



It is not necessary here to enter into discussion of whether or not each of these schools exemplifies what we may call 'good' science. What we do note is that this aim, of natural scientific respectability, is one to which each of these schools aspires. And this is as true for Maslow, founder of the humanistic 'third force' of American psychology, discoverer of 'self-actualization', as it is for B.F. Skinner. For it is Maslow who writes that

only science can overcome characterological differences in seeing and believing. Only science can progress. Science is the only way we have of shoving truth down the reluctant throat.<sup>1</sup>

Our quarrel here is not with those who dream of the goal of a scientific psychology, or of regional psychologies, but with those who assume that such a theoretical scientific programme will furnish the appropriate guidelines to effective action on the part of those who are members - or 'staff' - of a therapeutic community.

For the knowledge required of a person who aspires to play an inspirational role, or lays claim to offer guidance through the difficulties of living together in a community, is of a different order from that knowledge possessed by a person trained in a theoretical science, for example, in one or other of the prevailing schools of psychology. He resembles more the veteran soldier than the analyst of military theory. He will not be required to bring to bear upon that field of interaction and relationship, of which

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<sup>1</sup> Maslow, A. (1962) p.(v).

he is a part, his intellectual grasp of psychological theory pertaining to the workings of the human mind or human relationship. That this sort of knowledge plays a rather minimal part in a field of this nature is suggested or confirmed by the evidence indicating that people are probably no better at living together harmoniously than they were two thousand or more years ago, although there are of course libraries full of empirical psychological findings. Where a person finds it appropriate to employ the imagery or rhetoric or findings of some or other school of psychology, in order to make a point or provide an illustration it will be his judgement and his taste which tells him so. Tact and taste provide good illustrations of notions which are central to practical science - and the distinction that I am here emphasizing distinguishes between the way we move in accordance with tact and taste - and the way in which we might proceed armed with some or other 'model of man'.

We can certainly now assert that at least a reasonable, theoretical and empirical case has been made for the presence within the human being of a tendency toward, or need for growing in a direction that can be summarized in general as self-actualization, or psychological health, and specifically as growth toward each and all of the sub-aspects of self-actualization, i.e., he has within him a pressure towards unity of personality, towards spontaneous expressiveness, towards full individuality and identity, towards seeing the truth rather than being blind, towards being creative, towards being good, and a lot else. That is, the human being is so constructed that he presses toward fuller and fuller being and this means pressing toward what most people would call good values, toward serenity, kindness, courage, honesty, love, unselfishness, and goodness.<sup>1</sup>

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<sup>1</sup> Ibid. p.147.



This is typical of statements which are to be found within the therapeutic community literature. Sometimes they are couched more in the psychoanalytic idiom, sometimes more in that of behaviourism. In either case they resemble scientific statements in that they make claims as to the nature of some or other sector of reality - in this case 'people'. They are conspicuously unscientific, however, in that they are the expression of complex value judgements, or are at least saturated with value judgements or evaluative terms, which are not amenable to scientific demonstration. They are statements of a personal belief or credo, supported, we assume, by the holder's considered experience. They are, for that reason, not necessarily to be dismissed out of court; rather, they invite discussion. When it is assumed, however, that they have achieved the status of scientific correctness, and when furthermore they spawn procedures to correct wayward lives, they can only lead - at best - to further confusion.

Once we 'come clean' and concede that our field is ethics, a domain which stands its own ground and does not require the assertions of science in order to justify its claims, we are free to incline towards whatever views of human nature happen to accord with us, without having to assume, or insist, that they must be correct. Freud, it is well known, felt that worthwhile human beings were rather the exception to the rule - but there is no reason to believe that his particularly dark irony made him any less good a therapist than someone else who, like Maslow, feels that people have a pressure within them towards



'goodness'.

### Starting Point

Having noted the relevance of Aristotle's distinction between theoretical and practical sciences, we may now turn to the consequences of this distinction insofar as they bear upon our original question concerning the nature of first principles. I have already suggested - following Aristotle - that different sciences call for different 'starting points', or first principles. The point that we must now consider is that different orientations towards first principles must be taken into account.

We must not overlook the difference that it makes whether we argue from or to first principles. Plato used very properly to raise this question, arguing whether the procedure was from or to first principles...We must start from what is known. But things are known in two senses: known to us, and known absolutely. Presumably we must start from what is known to us...<sup>1</sup>

The question, in Aristotle, of where inquiry starts - with what we may all agree upon, or what is the cause of disagreement (where what 'we say' stands opposed to what 'they say') - is an extremely intricate one. To simplify rather drastically, we may assume that in Aristotle's remarks here upon the starting point for ethics, 'what is known absolutely' refers to the demonstrable axioms and theorems of 'exact science', as well as the definitions

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<sup>1</sup>Aristotle (1976) p.67. N.E. I, (iv) 1095a 30-1095b 3.

and logical principles of demonstration itself. 'What is known to us' seems to refer more to what we know by tradition, by being a member of a culture and a civilization, and in that sense, already knowing our way about. We do not have to start from scratch because we are already on our way. But if, as I understand, Aristotle means by 'what is known to us', some degree of common acknowledgement, e.g., of the moral conventions of our society, then this common acknowledgement includes, too, some degree of common sense; for ethics requires a subject who will not have to be shown everything, for whom some things already are sufficiently plain.

From this starting place - from the everyday, the familiar, the commonplace - ethical inquiry will proceed. It does not start with the 'first principles' of units, definitions, logical procedures and so on, which have already been established, but with 'where we are'. From there, its movement is towards the 'first' or central principles or reasons, which discloses the essentials of 'where we are'.

Ethics reasons not from but to first principles; it starts not with the intelligible in itself but what is familiar to us, i.e., with the bare facts, and works back from them to the underlying reasons; and to give the necessary knowledge of the facts a good upbringing is necessary. Mathematics deals with a subject matter the first principles of which are acquired by an easy abstraction from sense-data; the substance of mathematics is the deduction of conclusions from these first principles. The first principles of ethics are too deeply immersed in the detail of conduct to be thus easily picked out and the substance of ethics consists in picking them out.<sup>1</sup>

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<sup>1</sup>Ross, Sir David (1977) p.189.



Without doubt, Aristotle's argument will read rather differently to his contemporaries, for whom mathematics proves to be the paradigm for all demonstrative sciences, than to the twentieth century scientist or philosopher of science. In all of the theoretical sciences, Aristotle argued, we move from necessary first principles which we grasp directly by means of intellectual insight or nous, to conclusions which are demonstrable and also certain, but less authoritative than those premises on whose self-evidence they depend. And this seems to be quite unlike the sort of movement which is followed, for example, in modern particle physics or molecular biology, which returns again and again to observation and experiment, and is, we might say, a 'two way' between theory and observation.

Here, a number of arguments may be brought forward which suggest that Aristotle's understanding of science is not in fact so out of date. Consider, for example, the following:

The notion that scientists occupy themselves in expounding demonstrative syllogisms based on definitions is indeed laughable. A glance at Aristotle's own scientific treatises suffices to show that his own scientific work certainly does not have such a form. The notion may have been swallowed by some of his followers, but if we turn to Aristotle himself we find that the absurdity dissolves. For his theory of demonstration is not offered as an account or theory of how scientists actually proceed when at work, but rather as an outline of an ideal of complete knowledge at which they are aiming. No doubt the structure of proof which he suggests is too limiting. But the idea that a science aims at achieving a theory, as simple as possible, from which will be deducible as many consequences as possible, is a valuable one; and for embodying this view of the nature of a finished science Aristotle's account of demonstration deserves respect. Ironically enough, this ideal of



deducibility is closer to the rigorously mathematical theories Aristotle did not know than to the more homely and less quantified theories that were available at his time... Although his examples are archaic, some of his ideas will be found remarkable up to date... Aristotle's formulation of an ideal for the final structure of a science can after all be seen as a brilliant anticipation rather than as an anarchy.<sup>1</sup>

We may take note of the distinction - and of the significance of the distinction - between orientation towards, and orientation from 'first principles' - without concluding or having to assume that a theoretical science proceeds in any simple fashion from 'necessary' first principles to conclusions, or that the practical science of ethics simply proceeds from 'what is known to us' to the 'first principles' of moral conduct. For here, generalization, demonstration, and psychological theory may well have a part to play. Aristotle, indeed, makes this quite clear when he proposes that

Some aspects of psychology are adequately treated in discourses elsewhere, and we should make use of the results: e.g. that the soul is part rational and part irrational (whether these are separate like parts of the body or anything else that is physically divisible, or whether like the convex and concave aspects of the circumference of a circle they are distinguishable as two only in definition and thought and are by nature inseparable, makes no difference for our present purpose).<sup>2</sup>

For the present purposes, my aim is to establish the relevance of this distinction to the practice of a therapeutic community. And we see that an empirically,

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<sup>1</sup>Ackrill, J.L. (1981) p.98.

<sup>2</sup>Aristotle (1976) p.88. N.E. I, (xiii) 1102a 25-32.

psychologically grounded therapeutic community - the community which harnesses psychological processes - will proceed in at least two important senses from 'first principles'. It will, first of all assume first principles of scientific method, such as are entailed in notions of empiricism, objectivity, measurement, unit, and so on, as these are held to apply within empirical psychology. And it will, furthermore, as an applicative system be proceeding from the general principle, the 'theory', to the particular instance.

My aim, secondly, is to show that this movement contrasts with that of an ethical science, which indeed does proceed towards first principles in at least two important senses: and to show, furthermore, why this movement is appropriate to the sort of discipline which is called for by the requirements of a therapeutic community.

### Orientation and Firstness

Practical science, according to Aristotle, starts with what is 'familiar', with what is known 'to us'. It cannot presuppose an existing system of formalized and coherent constructs and principles, there are no institutional structures of practical wisdom akin to the institutions of science with formal conventions, technical procedures which specify regulations governing objective criteria, unit, measurement, and so on. There is no Academy of Ethics. The language of practical science is for the most part 'ordinary language'; insofar as it does employ technical



terms, it is not a case of aspiring to the scientific ideal of a pure sign language whose terms are unequivocally designated, but rather aiming towards a progressive refinement and careful articulation of what is implicit in 'common sense'. I do not, for example, employ the 'technical term' - phronesis - here, in the same fashion as the behaviourist invokes 'retroactive inhibition' or the psychoanalyst (usually) talks of 'superego'. The word phronesis approximates rather closely to the word 'consciousness', used in the rather special sense where it refers to a person's knowing what he is doing (as distinct, for example, from proceeding on the basis of assuming that he knows what he is doing). But this is not the end of the matter, rather the beginning; for the word phronesis needs to be talked about. And indeed, talking about the words that we use is a very important part of opening up our moral vocabulary, and provides a good illustration of that movement which starts from or with what is familiar. In the course of some conversation about the words which we use to justify and explain our actions (words which are familiar and which we seem to understand) we may arrive at a more essential - first - understanding of these same words. We may end up with a fuller and more embodied understanding of what, for example, justice, or truth, or good, mean; but this is entirely different from seeking a general or standard definition. Where ethical enquiry may culminate in understanding a word, scientific inquiry may only begin when there is agreement over its use.



Whatever first principles there may be to practical wisdom are too deeply embedded in the ambiguities of conduct to be easily picked out and demonstrated, or universally applied. What, for example, are the 'units' of conduct? They are clearly not the units of behaviour, since action is contextualized within a culture which has its own conventions, rules, beliefs and language. And furthermore, inactivity may be a highly telling form of action.

Do rules of conduct provide us with the principles which we may seek? Aristotle, certainly, does not incline to the view that moral rules can be demonstrated and applied to the business of living well.

There are for Aristotle no general rules, no universal moral laws, no 'principles' in ethics, save the one and single archē; always to act in any situation so as to realize eudaimonia. The function of the intelligent or prudent man, ho phronimos, and hence of the good or the moral man, is never to create the havoc that comes from acting on universal moral or political 'principles', never to be so stupid as to 'follow the right', ruat caelum, but rather, to make the best he can out of every situation.<sup>1</sup>

And in any case, 'moral rules' cannot provide the first principles' of an ethical science, since they presuppose constitutive rules', that is, 'rules which constitute the society in which the regulative rules apply and which make them meaningful'.<sup>2</sup>

What I am calling - somewhat old-fashionedly - the ethical sciences are concerned with the vicissitudes of

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<sup>1</sup>Randall, J.H. (1960) p.268.

<sup>2</sup>Heaton, J.M. (1979) p.189.

human life and conduct, with questions of practical living. They attempt to bring into view that way which is most fitting, proper or right for a person to live, that which is his best way of life, and to engage the subject in a movement of inquiry or critical reflection which is an awakening of awareness of 'best interest'. Now this sort of inquiry certainly cannot start off with some already worked out blueprint for the 'best life' which may be passed on to the subject like a recipe. Yet surely, he needs to know how to live better; for the subject is going to be drawn towards ethical discipline only insofar as he finds his life, in aspect or in whole, either more or less severely, problematic. Only someone who suspects or believes or imagines - or realizes - that he does not know the best way for him to live, is going to engage in the inquiry which is the examined life. And he must start from his own experience of how he in fact does live, from his present position embodying his most up-to-date understanding of his 'best interest'; and by an ironic and regressive movement arrive at his own, more far-reaching grasp or realization of 'best interest', or the first principles thereof.

The first sentence of the Nichomachean Ethics reads: "Every act and every inquiry, every action and choice seems to aim at some good".<sup>1</sup> This introduces a second or further sense in which a practical science is directed towards first principles; what is the final good to which human life

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<sup>1</sup>Aristotle (1976) p.63. N.E. I, (1) 1094a 1-3.



is directed, what, as Aristotle asks, is the target at which the good man aims? Here we arrive at the 'first principle' as a final cause, or telos of human life. "In the practical science of conduct or praxis, the archē is the good at which conduct aims." This good is the last step in the chain of '...for the sake of'; it is the Good, which "has been rightly defined as that at which all things aim."<sup>1</sup>

If, then, our activities have some end which we want for its own sake, and for the sake of which we want all other ends - if we do not choose everything for the sake of something else (for this will involve an infinite progression, so that our aim will be pointless and ineffectual) - it is clear that this must be the Good, that is, the supreme good. Does it not follow then, that a knowledge of the Good is of great importance to us for the conduct of our lives? Are we not likely to achieve our aim if we have a target? If this is so, we must try to describe at least in outline what the Good really is, and by which of the sciences or faculties it is studied.<sup>2</sup>

The supreme good for man is eudaimonia - happiness, well-being, flourishing, blessedness. Upon this, says Aristotle everyone is agreed; it is "when it comes to saying in what happiness consists, opinions differ, and the account given by the generality of mankind is not at all like that of the wise".<sup>3</sup> Nevertheless, human flourishing remains as the archē or first principle of ethical science, towards which, from the beginning, this science is directed or oriented. To enter into the intricacies and complexities

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<sup>1</sup>Aristotle (1976) p.63. N.E. I, (i) 1094a 3.

<sup>2</sup>Aristotle (1976) pp.63-64. N.E. I, (i) 1094a 16-26.

<sup>3</sup>Aristotle (1976) p.66. N.E. I, (iv) 1095a 18-22.



of Aristotle's argument as to the nature of well-being would take us far beyond the compass of the present study. We may note, however, the importance of the part which contemplation or theoria plays in the fulfilled life, without forgetting the importance of other potentialities of the soul, actualized for their own sakes "because actualizing them just is living the life of a human being, and not merely because they also promote and assure the sort of life that gives contemplation its widest play".<sup>1</sup> We may also note - in anticipation of further discussion - the importance to wellbeing of the phenomenon of, and contemplation of, friendship.

I have suggested that a 'therapeutic community' would seem, on the face of it, to call for, or entail a discipline which accords with what Aristotle calls a practical science. Indeed, it would be hard to find better illustrations of 'inexactness', of 'difference and variety', of things which must be true only 'for the most part' than those which are offered by a community of people living together; and particularly so in the case of a community whose members are drawn together specifically because of their own difficulties in living together with others. Innumerable examples drawn from therapeutic communities would seem to confirm that the field is indeed that of ethics, and that the appropriate theorizing will be ethical, and not medical-psychological. Indeed, it is a common 'symptom' of people who enter therapeutic communities or for that matter psychotherapy, that they do not expect to be treated as

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<sup>1</sup>Rorty, A.E. (1980) p.377.

ethical subjects; they assume that some technique has been worked out, and through following this they will lead better and happier lives; or they assume that such instruction can be put into words.

Whatever it is that is 'right' or fitting for one person under particular circumstances (and whatever it is about the 'right' that makes it right) may not be at all right for another person under different circumstances. To refer back to the list of therapeutic goals provided by Schwarz, which I cited earlier, it is very far from clear that the desiderata of enjoying reduced anxiety or 'increased comfort' hold true of all people under all circumstances. Can we not agree surely, that some people, under some circumstances, need precisely to undergo increased discomfort, suffer greater anxieties? But what is the right amount? To what science do we turn to discover when enough is enough? And what are its first principles?

Can we trust the person himself to know what is right? It is a commonplace truth that people will pursue courses of action by their own choice which, far from being right or fitting, are to their utmost disadvantage. To show someone who is blind to his own interest, what may be good for him, or how he may come to realize what is good for him, may be no simple matter - even when it is quite clear to everyone else. And such a showing will be of a different order entirely from scientific demonstration, employing for example inductive or statistical methods. We may well succeed in 'demonstrating' that a person's conduct leads them into endless misery, and it not make a whit of



difference.

We may conclude our preliminary inquiry into therapeutic community 'first principles'; and we are lead to the conclusion that the disclosure of first principles is not after all some preliminary - but is that to which the whole therapeutic community project tends. We conclude, too, that whatever 'theoretical knowledge' is required by people who would find guidance within a therapeutic community can assume no more solid, fixed, or substantial starting point than 'where we are' in all its complexity. We arrive at the most provisional conclusion as to how such a practice might proceed in saying that such a community is a way which must in some way show its way - that the direction or orientation of this way is toward what is first, towards ordinary disclosure.

Thus we are left with a direction but no ground; with a reminder that the inquiry entails a critical attentiveness to ordinary things, that it concerns practical epistēmē - but no indication of a 'where' from which we might start. Epistēmē which we might roughly translate as 'knowledge' is (epi, upon, histemi, I place) a 'placing of oneself in the position required for'. In this, the word somewhat resembles 'understanding'. Where is it that we are required to 'place ourselves' in order to 'understand', or in order that our inquiry might proceed?



## Place

It is more usual to speak of 'grounding' an inquiry or a subject matter than it is to speak of 'placing' it. Yet it might be quite appropriate to approach questions of ground, or 'groundproblems' through place. Plato, indeed, suggests precisely this. For the places and settings which, in the dialogues, he so carefully brings into view are not merely theatrical adornments, but rather prepare and expose the ground of the subsequent dialogical inquiry. Whilst wishing to avoid any implication that problems of ground or foundation are finally to be thought of spatially, that ontology is topology, I propose that a consideration of 'place' may serve as an appropriate point of departure for a 'laying out' of ground, adequate at least to our present, particular purposes.

In Indo-European languages the basic idea suggested by 'place' is flatness, openness, spreadoutness, whence easy to see or determine, easy to build on. This openness, laidoutness of place is indicated, for example, by plane, plain, (explain, to spread out, literally or before the mind), platform, plateau; see also Platon (Plato), the 'broadminded'.

It is this sense of opening, laying out or horizontally which distinguishes place from what I shall call location. There seems to be some important sense of self-shownness essential to place, which contrast with the appointment of location. Thus a location is more akin to a point or position. For example, Cartesian co-ordinate geometry provide the coordinates of point or position, location,

not of place. Something of this distinction may perhaps be illustrated by the particular constructions which belong with either place or location; we might consider the case of a mountain cairn and a triangulation point.

A mountain cairn powerfully 'gathers' the place, for example in its unique horizontality of earth and sky, nearness and farness. It celebrates the place. A triangulation point, by contrast, uses the place, as an object. It is embedded in a network or structure of other locations, and the 'places' where these structures are erected are in a sense incidental, or employed merely for their convenience to the surveyor, for their properties of visibility and so on. Film crews usually speak of 'locations'; again they are referring to a place as an 'object' which is chosen for its properties. Places usually have names.

Just as architectural constructions may open up and speak of quite different 'places', so these different places may open up or upon entirely different possibilities of space.

The background of the physical plant and the foreground of human activity are profoundly and intimately dependent on one another. Laymen do not realize how deep and subtle this connection is. Let us immediately give a strong architectural example to illustrate it. In Christian history, there is a relation between the theology and the architecture of churches. The dimly-lit vast auditorium of a Gothic Catholic cathedral, bathed in colors and symbols, faces a bright candle-lit stage and its richly-costumed celebrant: this is the necessary background for the mysterious sacrament of the mass for the newly growing Medieval town and its representative actor. But the daylight, small, and unadorned meeting hall of the Congregationalist, facing its central pulpit, fits the belief that the chief mystery is preaching the Word to a group that religiously governs itself. And the little square seating arrangement of the



Quakers confronting one another is an environment where it is hoped that, when people are gathered in meditation, the Spirit itself will descend anew.<sup>1</sup>

It is worth stressing the particularly intimate relation between place, and human being. We can place a thing or a body, but we cannot place a person (except in the sense of 'allocating', e.g., to a job or 'position' or 'placement'). Interestingly, we talk of 'placing' someone as recalling or remembering them. But we cannot place a person insofar as he has already made place, is placed; and in a sense, is place. The etymology suggests that 'here' is where 'he' is; 'there' is where 'they' are. We may recall Heidegger: Dasein is the 'there' of being.

Place and stance imply one another as horizontal and vertical dimensions of being.<sup>2</sup> Stance, standing, standing out, understanding - the vertical - open out or extend our horizon. Lying down, as in sleep, is a surrendering to the world, a merging with the horizontal, an abandonment to place, in whose protective closeness we let go all but our oneiric ties to the world.

A place is not an indifferent 'somewhere', but a base, a condition. Of course we ordinarily understand our localization as that of a body situated just anywhere. That is because the positive relationship with a place which we maintain in sleep is masked by our relations with things. Then only the concrete

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<sup>1</sup>Goodwin, P. and Goodwin, P. (1960) pp.3-4.

<sup>2</sup>It is interesting to note that the root of the word 'vertical' suggests a turning, whence, for example, 'vertigo'. Thus place and stance together suggest a bounding or limiting (the horizontal) and a rotating, or turning (the vertical). To this 'movement', a simultaneity of staying and not staying, (beautifully illustrated in the silent turnings of dervishes) we shall subsequently return.



determinations of the surroundings, of the setting, of the ties of habit and of history give an individual character to a place, which has become our home, our home town, our homeland, the world. When detached from its atmosphere, localization is generally taken to be presence in an abstract extension, like that of a star in the infinity of space. Sleep re-establishes a relationship with a place qua base. In lying down, in curling up in a corner to sleep, we abandon ourselves to a place; qua base it becomes our refuge.<sup>1</sup>

If place is fundamental, is there than a fundamental place? Is there a place which comes first? I shall consider the place where we live. I shall argue that this place does indeed have an ontological significance and priority; that it is not simply an empirically convenient place. I shall first of all suggest the specific relevance of this place to the matters under consideration in this present inquiry.

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<sup>1</sup>Levinas, E. (1968) p.69.

## CHAPTER FIVE

### HOMELESSNESS

#### Alienation

Talk of alienation has become tired. How many books do we open to find descriptions of 'man's present condition' such as the following:

There is also plenty of evidence that the sense of isolation, the alienation of one's self from the world, is suffered not only by people in pathological conditions but by countless 'normal' persons as well in our day. Riesman presents a good deal of sociopsychological data in his study The Lonely Crowd to demonstrate that the isolated, lonely, alienated character type is characteristic not only of neurotic patients but of people as a whole in our society and that the trends in that direction have been increasing over the past couple of decades. He makes the significant point that these people have only a technical communication with their world; his 'outer-directed' persons (the type characteristic of our day) relate to everything from its technical, external side.... Other portrayals of this condition of personal isolation and alienation in our society are given by Fromm in Escape from Freedom, particularly with respect to sociopolitical considerations; by Karl Marx, particularly in relation to the dehumanization arising out of the tendency in modern capitalism to value everything in the external, object-centered terms of money; and by Tillich from the spiritual viewpoint. Camus' The Stranger and Kafka's The Castle, finally, are surprisingly similar illustrations of our point; each gives a vivid and gripping picture of a man who is a stranger in his world, a stranger to other people whom he seeks or pretends to love; he moves about in a state of homelessness, vagueness and haze as though he had no direct sense connection with his world but were in a foreign country where he does not know the language and has no hope of learning it but is always doomed to wander in quiet despair, incommunicado, homeless, and a stranger.

Nor is the problem of this loss of world simply one of lack of communication with one's fellows. Its roots reach below the social levels to an alienation from the natural world as well. It is a particular experience of isolation which has been called 'epistemological loneliness'. Underlying the economic, sociological, and psychological

aspects of alienation can be found a profound common denominator, namely, the alienation which is the ultimate consequence of four centuries of the outworking of the separation of man as subject from the objective world. This alienation has expressed itself for several centuries in Western man's passion to gain power over nature, but now shows itself in an estrangement from nature, and a vague, unarticulated, and half-suppressed sense of despair of gaining any real relationship with the natural world, including one's own body.<sup>1</sup>

'Alienation' here is used variously to allude to unrootedness, set-apartness from the objective world, and from nature, technical outer-directedness, and loneliness; we are left less with a concept that has been clarified than with a feeling that alienation is a 'bad thing', and the disease of our age. Alienated man moves around homeless, he does not know 'the language', he is obsessed with the control of nature. But far from being problems peculiar to our age, these have been discussed by philosophers and religious teachers for millennia; and it was after all in the first chapter of Genesis that man was instructed to subdue nature. Perhaps alienation is in some way intrinsic to human nature; if this suggests the rather odd conclusion that the more man fulfills his nature the more alienated he becomes, it may at the same time suggest senses in which alienation may be a 'positive' phenomenon.

"Our alienation goes to the roots", writes R.D. Laing. "The realization of this is the essential springboard for any serious reflection on any aspect of present inter-human life. Viewed from different perspectives, construed in

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<sup>1</sup>May, R. (1958) pp.56-57.



different ways and expressed in different idioms, this realization unites men as diverse as Marx, Kierkegaard, Nietzsche, Freud, Heidegger, Tillich and Sartre".<sup>1</sup> This claim warrants serious attention. It is, however, quite beyond the scope of the present study to attempt to trace the 'history' of alienation, or to spell out the rather different senses in which the term is employed, for example, by Hegel, Marx and Heidegger, or to indicate how it has come to be used much less carefully by commentators such as Erich Fromm, and the humanistic psychologists. Nor is it possible here to consider the manner in which 'alienation' is discussed within the psychoanalytic literature. However, I do not mention 'alienation' here merely to pay homage to an historically important concept, but rather to draw attention to a difficulty or problem that seems to exhibit itself with great consistency within the therapeutic community literature; a difficulty that it not so much to do with discussing 'alienation', as doing so in a fashion that is not itself 'alienated'.

To 'alienate' is to make alien, strange, or foreign; also to disown. Alienation, however, is usually used to refer to that state of being alienated or estranged - from something, someone, or oneself. Alienation is not, as May suggests, more or less the same as 'isolation' or 'being apart', since neither of these words brings out what is perhaps most 'central', to alienation: strangeness. Thus we might contrast the state or experience of being alienated

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Laing, R.D. (1965) p.41.

with that of 'at-homeness', familiarity, or intimacy, rather than 'being together with'. But this immediately requires qualification, since what is most familiar may (as Hegel shows) precisely because of its familiarity, most stubbornly remain 'alien' and unknown. We hear stories of it dawning upon people who have lived together for years - that they are strangers to one another. To see the familiar may require, in Plessner's words, a seeing 'with different eyes', and, in that sense, an estrangement. If philosophy begins with wonder, wonder arises when we see in the familiar, for the first time, a strangeness.

The world of the familiar and conventional is the self-evident, but this kind of understanding is a meaningful experience only when it is fought for and won. Only when it is won can it be called one's own. But for this new understanding to be won, the first familiarity has to have been lost, and life does not always do us the painful service of removing us from our familiar milieu. That is why the estranged vision of the artist fulfils an indispensable condition for all genuine understanding. It lifts what is invisible in human relations, because it is familiar, into visibility; in this new encounter understanding is brought into play; so that what is in fact familiar becomes accessible by virtue of being estranged. Without this estrangement there is no understanding; it constitutes a roundabout approach to the familiar, the counter-foil which puts the familiar into perspective as foreground and background and makes it comprehensible.<sup>1</sup>

'Alienation' remains an irreducible phenomenon to which psychiatrists (who used in the nineteenth century to be called 'alienists') are called upon to address themselves.<sup>2</sup>

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<sup>1</sup>Plessner, H. (1978) p.31.

<sup>2</sup>In the 1971 Edition of the Oxford English Dictionary, the meaning of alienist is given as: One who treats mental diseases; a mental pathologist; a 'mad-doctor'.



Psychiatry - in one way or another is concerned with persons whose reason and experience are alienated, or who are out of tune with their desires; with alienated relationships and alienated modes of conduct between one person and another; with forms of alienation which characterize at the same time a person's relationship with himself - for example repressions, denials, flights, disownments of one sort or another. According to prevailing 'therapeutic community' approaches these various 'alienations', now 'symptoms', provide the material to be 'worked on' by the resources of the community; and insofar as therapeutic communities practice their methods and techniques according to, and consistent with such 'theoretical frameworks' as I have described in part one, they evidence that 'double alienation' which characterizes psychiatry as a whole, concerned as it is, in the name of reason, with the confinement of madness to the metaphor of mental illness, and thereby with the alienation of the alienated. So long as therapeutic communities take as their area of concern the treatment of mental illness - or what amounts to the same thing, psychological disorder - the estranged person remains alien, an other whose sufferings no longer belong within the order of the merely human but are of a 'special nature', requiring confinement to a place of treatment, and the ministrations of medical and psychological expertise. Insanity now becomes unsanitariness.

We have seen that therapeutic communities place an unrelenting emphasis upon insight, self-knowledge, and self-understanding, seen predominantly in terms of the



'psychological'. This knowledge is conveyed by 'communication', 'sharing of feelings', 'feedback through reality confrontation', and so on; its possibility is maintained by the formal structures of an especially designed human context, which is both a 'culture' or a network of 'ongoing relationships', and at the same time the locus of treatment for the alienated, and a regime for the induction of 'appropriate' change.

But we must ask: how far do therapeutic communities succeed in evoking or calling forth a world in which a person might come to 'understand' or recognize himself as other than alien. How far do they succeed in evoking or recalling an ordinary or familiar world, or a world of intimacy, within which alienation might come to recognize its own strangeness? A person who moves toward a therapeutic community typically does not feel 'ordinary' - he has lost his way. This is his alienation - but it is an alienation which, we might say, is essentially human, since it is by straying that we find our way. Must we not say, however, that a community has lost its way when the most ordinary or commonplace things have become forgotten - ordinariness which is, so to speak, the very stuff of our finding our way in the world. If a person turns from the loneliness and despair of his alienation towards a community of fellow beings; turns in his estrangement towards the possibility of some re-articulation into 'the normal interactions of healthy community life', and thereby the open world - does this turning not suggest the notion of a homecoming rather than that of a treatment process aimed at some cure? In what

sense may we consider its occasion to be a homelessness?

### Homelessness

The suggestion that that which draws people to therapeutic communities is 'homelessness' seems immediately to call for some considerable amplification. More than that, it seems on the face of it to be quite incorrect, since many 'mentally ill' people are perfectly well housed. Furthermore, it seems to be rather at odds with our earlier statements to the effect that therapeutic communities are engaged what we are broadly calling an ethical rather than a scientific or medical practice. For our 'ethical conduct' does not seem to be directly contingent upon our 'housing conditions'.

I do not introduce the notion of 'homelessness' here to indicate some condition that we suffer from, but to suggest a position in the world which we may arrive at. I wish to suggest by 'homelessness' not the position of being without a roof over one's head but of having lost one's way; or not knowing one's way about. I wish to suggest, further, a sense of having lost one's way, where it is not simply a matter of following some directions back - for one may have lost one's desire, too. There are numerous different inflections to this 'having lost one's way', such as being out of touch, beside oneself, not knowing where to turn, going round in circles, up the wall, and so on. Many of these popular idioms are strikingly spatial; homelessness, we might say, is being 'spaced out' as distinct from 'homed



in'. Indeed, it is partially this very spatiality of our being which invites the metaphor of homelessness; for homelessness is, above all, disorientation. How does it feel, screams Bob Dylan in that anthem of the sixties, to be with no direction home?

Other nuances of 'homelessness' are suggested by the notions of being 'untogether', and being 'ontologically insecure', or lacking that surefootedness in being which is ontological security. These I shall briefly discuss in the following sections. Here I shall suggest why these various states of being invite the metaphor of homelessness; and why we may consider the notion of 'being at home' to be associated with so great an integrative power.

It is rather striking that 'homelessness', in whatever sense it is understood, receives so very little attention within the therapeutic community literature. Institutional psychiatry, whilst paying occasional nodding attention to the correlation between homelessness and madness, fails to imagine anything other than the most concrete of relationships. Studies note the high incident of mental illness among the homeless, for example: "The admissions rate in the region of patients with no fixed abode admitted to the mental hospital has risen alarmingly during the last ten years".<sup>1</sup> Homelessness may be seen as a factor in mental illness; in one study showing 22 percent of men living in a reception centre to be mentally abnormal, the authors conclude that the 'basic factors' such as homelessness and social isolation

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<sup>1</sup>Berry and Orwin (1966) pp.1019-1055.



must be tackled rather than their "expression in...alcoholism, schizophrenia, or persistent failure to maintain himself".<sup>1</sup> Sometimes the relation is reversed; homelessness is seen as the result of personal inadequacy, rather than its occasion: "The possession of a home carries with it the fulfilment of a number of roles...We might postulate that the homeless man is one who is incapable of fulfilling these roles and seeks to evade them and further that this inadequacy might be the consequence of various childhood traumata".<sup>2</sup>

In these examples, two discrete phenomena are posited or assumed, between which empirical connection may or may not be established. Here, I wish to suggest that a more immediate and essential relation holds between the 'unsound mind' and the 'homeless mind'. To see this we must inquire further into homelessness.

'Homelessness' commonly refers to the state of having 'no fixed abode', e.g., a tramp or a 'down and out' may be described as 'homeless'. Yet our ordinary language suggests that the domain of 'home' extends far beyond the roof which shelters us. We may talk, first of all, of being at home in the world. We refer, furthermore, to a person's 'being at home' in what he is doing, to being at home in language, to people being at home with one another, and so on.

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<sup>1</sup>Lodge-Patch (1970) pp.437 ff.

<sup>2</sup>Whiteley, S. In Lodge-Patch (1970).

When we speak of being 'at home' we suggest a domain where we belong, and which is in some way 'our own'. When I make myself at home somewhere, I do not simply 'put' myself there, or 'stay put' amidst my surroundings. One 'puts' objects; and when one speaks of 'putting oneself' it usually has a rather awkward or 'wrong-footed' sense to it - such as putting oneself on the spot, or 'in it'. Being at home is much more a matter of finding oneself amidst one's surroundings in a certain way; a way which is opened up by the notion of inhabiting. Inhabitation is crucial to any understanding of our inherence in the world, and our sense of the world 'mattering'. The world is not, as is supposed by empirical thinking, an object of knowledge; objective knowledge is possibly only because we already know and are 'of' the world; because we are the 'flesh of the world' (Merleau-Ponty). Inhabitation very much implies this 'enwovenness' within the fabric of things. The obsolete verb 'habit' meant to wear and to dwell; and the first huts were made of skin, or hides. To inhabit is to have and to hold; and to be-have and to be held. Inhabitation, like belonging, speaks of a primary holding. It is ironic that behaviourism is so blind to this primary structure of behaviour, and thereby reduces a pre-given sense to nonsense.

There are many different ways in which we might open out what we mean by being at home, and inhabiting. We might, for example, think of the temporality of being at home; and what it is to 'have' one's own time, to find and lose one's time, to 'have the time of one's life'. It might be equally instructive to consider different ways in



which we move, and are moved to move, according to whether or not, and in what fashion, we feel 'at home', according to different ways of inhabiting. Being 'at home' carries with it some of the connotations of being 'in our element'; here we wish to touch upon the spatiality of our element.

According to the degree and manner in which I am 'at home' where I find myself, in what I am doing, my mode of inhabitation of space will vary enormously. Space is not some ether which surrounds and envelops us, but a field of openings and depths held or subtended by vectors of intentionality. The distinction between lived or phenomenological space, and space known as an 'ideal object', the space of mathematical convention which is everywhere 'the same' is well illustrated by Merleau-Ponty's example of the footballer:

For the player in action the football field is not an 'object', that is, the ideal term which can give rise to an indefinite multiplicity of perspectival views and remain equivalent under its apparent transformations. It is pervaded with lines of force (the 'yard lines'; those which demarcate the 'penalty area') and articulated in sectors (for example, the 'openings' between the adversaries) which call for a certain mode of action and which initiate and guide the action as if the player were unaware of it. The field itself is not given to him, but present as the imminent term of his practical intentions; the player becomes one with it and feels the direction of the 'goal', for example, just as immediately as the vertical and horizontal planes of his own body. It would not be sufficient to say that consciousness inhabits this milieu. At this moment consciousness is nothing other than this dialectic of milieu and action. Each maneuver undertaken by the player modifies the character of the field and establishes in it new lines of force in which the action in turn unfolds and is accomplished, again altering the phenomenal field.<sup>1</sup>

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<sup>1</sup>Merleau-Ponty, M. (1963) pp.168-169.



This example of the footballer illustrates rather well that freedom of movement which belongs with 'being at home'. The way in which, like this footballer, we may 'be at home' and move in the world of our desire; where we are able equally to move and speak in sureness of our ground, and where we stand with one another, contrasts with the way in which we tend to move when we are not sure of our ground, when we do not know where we stand with others, where we do not 'feel at home'.

Some situations quite clearly do not lend themselves to a free inhabitation which is symbolized in Merleau-Ponty's 'field of play'. Space now becomes 'occupied' instead of 'lived', taken up instead of opened up. Institutional spaces of one sort or another provide examples of inhabited spaces which do not invite people to 'come out of themselves'. Yet anyone familiar with total institutions will know of examples of fine nuances of inhabitation, with spaces within which and upon which one still has some hold, as distinct from merely 'occupying'. This sort of phenomenon is well illustrated by the little pockets of 'free space' which some patients are able to shape out for themselves within mental hospitals.

Patients who had been on a given ward for several months tended to develop personal territories in the day room, at least to the degree that some inmates developed favourite sitting or standing places and would make some effort to dislodge anybody who usurped them. Thus on one continued treatment ward, one elderly patient in contact was by mutual consent accorded a free-standing radiator; by spreading paper on top, he managed to be able to sit on it, and sit on it he usually did. Behind the radiator he kept some of his personal effects, which further marked off the area as his place.

A few feet from him, in a corner of the room, a working patient had what amounted to his 'office', this being the place where staff knew they could find him when they wanted him. He had sat so long in this corner that there was a soiled dent in the plaster wall where his head usually came to rest.<sup>1</sup>

Inhabitation refers to our hold on the world and its spaces; and according to how we inhabit or 'have' space, quite different spaces will open up. Consider, for example, the spaces of dance, of play, of work; spaces in which we are bored or entranced - and the various gestures which invoke or invite these various spaces.

Our gestures are of course spatial; we reach towards, point, beckon, invite, repel. Our embodiment very precisely gestures openings and closings, closeness and distance. Our speech is gestural; language is exquisitely spatial. This is not merely to say that we employ convenient spatial metaphors, for our words themselves sound depths. Words beckon us and may instruct us; we reach for the right word somewhere where it awaits us. Sometimes - despite ourselves - the wrong word utters itself; in paraphrases we show ourselves to be not quite 'in' or 'at one with' what we say, since our saying is vacillatory. Words, of course, may spellbind us and lead us astray.

The 'proposition' provides a good example of what I am calling the spatiality of language; and particularly, too, 'double propositions', such as when people are 'on about', or 'up against' something or other. We cannot help but notice, too, how spatial are the terms whereby

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<sup>1</sup>Goffman, E. (1961) pp.217-218.



we characterize ourselves and one another, or states of mind and dispositions. We talk of feeling 'up' and 'down', 'high' and 'low'; we refer to others as being 'straight' or 'bent', 'uptight' or 'downcast', 'open' or 'closed off'. We refer to someone whose world is rigidly structured as 'square'. We talk of being 'in it' or 'with it' or being 'out of it' or 'spaced out'; we find ourselves 'beside ourselves' or 'on top of' things, at odds with, 'all over the place', sinking to great depths, or rising to the occasion. We fall in love, then have a 'falling out'; we become de-pressed, strung out, find ourselves 'down', or even down and out. And so on - the list is endless.

Space is co-existensive with existence; our existence is spatial. I have suggested that language (which we are 'in') provides a rich illustration of this. The word 'existence', which belongs to that enormously large constellation of words whose root is in 'stand', itself is informative. Consciousness, as embodiment, faces the world, it is an opening of the world; it is postural, attitudinal. Our consciousness is our stance; and according to this stance or position, and the openings which it subtends, a lived space arises which is my possession of the world, my gearing into the world, or my inhabitation. This lived space is a more primordially given phenomenon than the abstract space of extension or the further abstraction of analytic algebraic relations.

The space provided for in this mathematical manner may be called 'space', the 'one' space as such. But in this sense 'the' space, space contains no space and no places...  
Spatium and extensio afford at any time the



possibility of measuring things and what they make room for, according to distances, spans and directions, and of computing these magnitudes. But the fact that they are universally applicable to everything that has extension can in no case make numerical magnitudes the ground of the nature of spaces and locations that are measurable with the aid of mathematics.<sup>1</sup>

What I am calling not 'being at home' expresses itself spatially, that is, in terms of disarticulations of lived space of which 'conditions' like agorophobia and claustrophobia are obvious and extreme examples. What, then, are the implications of this for the therapeutic community?

If a therapeutic community is to be able to enable its members to arrive at some sense of being at home in the world, then it must generate conditions conducive to their finding their own way; since the way that a person makes himself at home can only be his own way. It must enable those who live there to open up their 'own space', find their own place, in their own time, in their own way. One important addition must be made to this statement: that the opening or tending of this 'potential space' within which people might find their own way is a concern common to everyone within the community. This simultaneous structure, of finding one's own way, upon a common ground, is suggested by the notion of belonging.

No experiences may be offered or provided whereby one might find his way. A community which is structured around the provision of these experiences of what is therapeutic leaves its members 'short-circuiting' the world; for finally the only world which we are able to gesture and to open is

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<sup>1</sup>Heidegger, M. (1971) pp.155-156.

the world we inhabit. And it is 'inhabitation' which is so conspicuously left out within the literature.

### Being 'untogether'

A further nuance to that which I am broadly referring to as 'being at home' is that of being 'together'. The footballer who is fluent and 'at home' on the field of play may also be described as being 'together' in his play. His actions and gestures speak of a certain surefootedness, or sureness of movement which usually is quite discernible. Other examples of being 'together' in this sort of way, of moving in an element within which one is at home, might be a musician, a craftsman, a fisherman at a river, or a thinker.

But being 'together' brings out particularly important sense of being 'at home', namely being at home or at one with oneself. A graphic illustration of not being 'together' is offered by Freud's metaphor of a tunnel which is driven through a hill from both ends - but failing to meet in the middle. Freud is referring to the sexual life of the mature adult arising as the convergence of its various components, in particular what he refers to as the affectionate current and the sensual one. A mature sexuality is not at odds with the polymorphous perversity of childhood; and in general the relation between a person and his childhood may offer a good illustration of being together, or otherwise. Part of what is suggested by the notion of being 'together' is the relation between the person, and his time. Thus we might say that a person is untogether where he is 'out of'



time in some fashion or another, or, for that matter, where he never 'has' any time. Equally, we might think of an 'untogether' person as being stuck in the past, or never 'present'.

When we speak of a person being 'together' or 'untogether' we do not refer simply to some 'inner state', nor are we indicating the degree of 'organization' which he has succeeded in bringing to his affairs. It has very clear connotations, first of all, of being 'there'. Examples of everyday disorientation illustrate this. For example, I come out of a familiar underground station, by an unfamiliar exit; for a moment I have no bearings, I am in a sense nowhere, oriented only in terms of my eventual goal, the path towards which presents no immediate openings to me. I may savour this unexpected strangeness until suddenly I can place where I am, and my world comes together. A person who 'wobbles' in certain ways, who finds himself 'on the spot' or 'unhinged' or perhaps embarrassed or self-conscious, or loses the thread of what he was saying, may seem in these moments to be 'untogether' and may well feel untogether. Such experiences may merely dissipate in some way or may be transcended as a certain 'gathering oneself together'. One may even 'pull oneself together', although gathering oneself is not ordinarily a simple act of will or determination. A person typically has a distinctive and rather paradoxical sense of 'agency' in gathering himself, according to whether he is gathering himself to speak, gathering his thoughts, gathering himself to action (e.g. diving into water) or gathering himself to an occasion, such as a concert, play



or lecture. One gathers oneself quite differently in the invocation of sleep from the manner in which one gathers oneself in awakening. Remembering or recalling is a kind of gathering, not only remembering the past, but remembering 'where one is', remembering oneself, remembering one's friend.

To the extent that a person is 'untogether' this will show in his language. This is illustrated, for example, in the 'slip of the tongue', where a person's thoughts are aimed at more than one target or possibly are not sincere. A person who makes a slip of the tongue is in a sense not 'in' what he says, what he says is not 'at one' with what he means. Similarly, when a person makes some unnecessary bungle, or leaves something behind that he meant to take with him, we may recognize a sense in which he is 'not in' his actions; the author of a parapraxis is in a sense not fully present.

We may describe a person's whole being in the world as 'untogether'. Here we are referring to his effective stand or place in the interpersonal world, a gestalt, articulated into time, an enduring style of living possessing a certain existential weight or momentum. We are not referring to 'parts' of the self, or functions of the mind or psychosomatic systems which are not working properly, or are imperfectly ordered, nor are we referring to some sort of mis-match between objective reality and the sensory-cognitive-affective apparatus. We are alluding most fundamentally to disarticulations of being, to fragmentations of wholeness, to a privation or deficient realization of

being in the world as a whole or of the unitariness of being; a unity of thought and deed, of self and world.

This idiom, wherein we speak of people as being 'un-together' or otherwise, is of some interest in the context of our present task, namely inquiring into how therapeutic communities should be thought. For these communities are specifically concerned with offering help to people who are 'untogether'. Furthermore, a community is itself a kind of gathering, and it makes excellent sense to ask about the nature of this gathering in terms of the manner of the community's coming together, and its being together. We might suspect that its capacity to be therapeutic might be very closely related with the manner and extent that it is 'together'. What does it mean, therefore, for a therapeutic community to be 'together'?

Here, needless to say, being 'together' cannot be any simple matter of being 'well organised' or efficiently administered. We might - possibly - talk of a highly efficient bureaucracy as being together if it does what it is supposed to do expediently or well, whatever the cost might be to others. A therapeutic community, however, must have as a central concern the well-being of its members, who are, furthermore articulated within the broader society, and its concerns. Yet what it is supposed to do in order to realize that well-being is not yet clear; and possibly no simple matter. We might propose, as a start, that it will allow the coming into view of whatever stands in the way of those who live there - being happy. But we recall our earlier discussion of Aristotle: happiness is not some



goal which may be posited so that methods may now be devised to bring this about. It is rather a possible fruition of an ethical discipline which starts with 'where we are', in all its complexity. We might add: an ironic discipline, for the 'where we are' may well resist acknowledgement. And at once we question 'efficiency' as to its belongness within this sort of inquiry; rather we think of terms such as commitment, resolve, desire, which may have very little to do with any sort of expediency or doing.

Furthermore, I have already suggested that the help which a therapeutic community offers might be to do with enabling or encouraging people to find their own way of being together, or of living together. If we agree that people's ways will be different, and sometimes very different, then we might come to the conclusion, or the tentative conclusion, that the community will be together to the extent that it embraces difference, or indeed has the capacity to allow people to be 'untogether'. Any obviously apparent orderliness therefore might be quite deceptive as to how 'together' the community is. Where a community seems, on the face of it, to be a complete shambles, claims as to the deceptiveness of this appearance might be supported by considering the sense that it may make for its members to live in the way that they do, in the belief that there is sense to its nonsense, that its manifest inconveniences are worthwhile.

Finally, then, the senses in which a community is or is not 'together' will be indicated or revealed - inter



alia - by the ways in which the community characterizes and understands itself. If a community is 'together' it will accord with its self-understanding; its 'theory' will be appropriate to, or consistent with its 'practice'; its illumination the self-shownness - not the ideology - of what is good.

### Homelessness and Ontological Insecurity

So far, I have suggested that the various positions in which people find themselves, and which occasion their seeking therapeutic help in the form of a supportive community, may be embraced within the notion of 'homelessness'. This notion may in turn be articulated in such terms as being 'untogether', being 'spaced out', out of touch (with oneself, with others, with one's desires), profoundly unsure of the way; in each case privative modes of being, or belonging, in the world. Seen in this way, 'homelessness' extends far beyond being dispossessed of one's house: it finally approximates to what has been referred to as ontological insecurity.

The individual, then, may experience his own being as real, alive, whole; as differentiated from the rest of the world in ordinary circumstances so clearly that his identity and autonomy are never in question; as a continuum in time, as having an inner consistency, substantiality, genuineness and worth; as spatially co-extensive with the body; and usually as having begun in or around birth and liable to extinction with death. He thus has a firm core of ontological security.

This, however, may not be the case. The individual in the ordinary circumstances of living may feel more unreal than real, in a literal sense more dead than alive, precariously differentiated from the rest of the world, so

that his identity and autonomy are always in question. He may lack the experience of his own temporal continuity. He may not possess an overriding sense of personal consistency or cohesiveness. He may feel more insubstantial than substantial, and unable to assume that the stuff he is made of is genuine, good, valuable. And he may feel his self as partially divorced from his body.

It is, of course, inevitable that an individual whose experience of himself is of this order can no more live in a 'secure' world than he can be 'secure' in himself.<sup>1</sup>

In order to support the claim that homelessness is an ontological phenomenon, we may first of all raise the question: what is it, to dwell?

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<sup>1</sup>Laing, R.D. (1965) p.41.

## CHAPTER SIX

## DWELLING

The Plight of Dwelling

By way of introduction to the question 'What is dwelling' let us consider the following remarks of Heidegger. Heidegger concludes his essay, 'Building Dwelling Thinking', thus:

We are attempting to trace in thought the nature of dwelling. The next step on this path would be the question: what is the state of dwelling in our precarious age? On all sides we hear talk about the housing shortage, and with good reason. Nor is there just talk; there is action too. We try to fill the need by providing houses, by promoting the building of houses, planning the whole architectural enterprise. However hard and bitter, however hampering and threatening the lack of houses remains, the real plight of dwelling does not merely lie in lack of houses. The real plight of dwelling lies in this, that mortals ever search anew for the nature of dwelling, that they must ever learn to dwell. What if man's homelessness consists in this, that man does still not think of the real plight of dwelling as the plight.<sup>1</sup>

We may note first of all that for Heidegger, homelessness extends to 'thinking': our very thinking is 'homeless'. The fact, and the seriousness of this homelessness may be obscured by the intricacy and cleverness of our thinking, and by the ingeniousness of its products. But the thinking which is ingenious, and which produces 'results' need not be at all a thinking which 'dwells'; on the contrary it is precisely this thinking which becomes bewitched with its own successes and rushes on. In this rushing, what it is

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<sup>1</sup>Heidegger, M. (1971) p.161.



'to think' is considered no more worthy of thought than what it is 'to dwell', since everywhere we see the evidence which assures us that we already know. Heidegger invites us to ponder over the possibility that we may not know; and inevitably, therefore, his thinking of dwelling proceeds in a fashion which may not be 'familiar'.

Heidegger refers to the 'plight of dwelling'. Yet he makes it clear that this plight is not the same as the 'housing shortage'; and that the construction of houses, however essential and indeed praiseworthy a work this may be, carries with it no assurance that this 'plight of dwelling' will be anyway lessened.

In today's housing shortage even this much is reassuring and to the good; residential buildings do indeed provide shelter; today's houses may even be well-planned, easy to keep, attractively cheap, open to air, light and sun, but - do the houses in themselves hold any guarantee that dwelling occurs in them?<sup>1</sup>

Heidegger suggests that we may in some sense not understand what it means 'to dwell', since the provision of all the seeming requirements of dwelling, adequate housing, etc., is not sufficient to ensure that 'dwelling' occurs or takes place. Thus it is that man's plight - man's plight of dwelling - consists in his ever having 'to search anew' for the nature of dwelling. Perhaps, therefore, man has never known what dwelling is; it remains some ideal goal that he has vaguely glimpsed in his farthest vision. But this is not what Heidegger says. Rather, he says that

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<sup>1</sup>Ibid. p.146.

the 'plight of mortals' is that they ever search anew for the nature of dwelling. He does not search afresh. Ever searching anew is a restlessness. It is not content with what it has hitherto found, or perhaps what is found is simultaneously lost. If man is always searching anew for his dwelling, he has forgotten, or perhaps, precisely by virtue of having the nature of a being who dwells, forgets what it means to dwell. The plight of dwelling, therefore, is a form of forgetfulness. Man dwells forgetfully. Accordingly, learning to dwell may not consist at all in acquiring further skills or competence, but rather will take the form of recollection.

### Dwelling and Building

If we are to think of the essential nature of dwelling, according to Heidegger, then we must be prepared to give up the 'customary notion', according to which dwelling is merely one human activity amongst many others. Thus we work in our offices, factories and fields, drive on the roads and motorways, vacation beside the sea - and dwell in our homes. "Dwelling so understood is always merely the occupying of a lodging."<sup>1</sup>

One line of Heidegger's argument that dwelling is not the 'occupying of a lodging', or something that we do, such that 'learning to dwell' might entail doing better, opens up through a discussion of dwelling in its relation to

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<sup>1</sup>Ibid. p.215.

building. We are accustomed, perhaps, to think of dwelling as an end which is served by the activities of building; building a house, therefore, stands in the same relation to dwelling as constructing a car does to driving. The two are related as end and means, and "thus dwelling would... be the end that presides over all building".<sup>1</sup> Heidegger argues, however, that dwelling and building belong together more essentially. His way of showing this takes the form, in the first place, of an appeal to language. The idea that dwelling and building are two separate activities, related as means and end 'has something correct in it'.

Yet at the same time by the means end schema we block our view of the essential relations. For building is not merely a means and a way towards dwelling - to build is in itself already to dwell. Who tells us this? Who gives us the standard at all by which we can take the measure of the nature of dwelling and building?

It is language that tells us about the nature of a thing, provided that we respect language's own nature... Among all the appeals that we human beings, on our part, can help to be voiced, language is the highest and everywhere the first.<sup>2</sup>

It is important to realize that while Heidegger refers here to language as the 'standard' by which we 'take measure' he is not proposing that philosophical or hermen- eutic difficulties may be 'resolved', or that originary thinking proceed, simply by prising out the meaning of words according to the dictionary, whether it be one of usage or of origins. His arguments for language being the 'standard'

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<sup>1</sup>Ibid. p.146.

<sup>2</sup>Ibid.



pervade his entire writings, and is discussed with particular reference to 'dwelling' in the essay 'Poetically man dwells'. Heidegger is, however, fond of discussing the words he uses, and typically opens his meditation by way of discussing a word. The possibility that inquiry into language belongs especially with a discussion of dwelling is suggested by the notion of man's dwelling within language; we recall Heidegger's earlier and much quoted phrase 'Language is the House of Being'.<sup>1</sup>

How, then, is building related to dwelling. Heidegger notes that the Old English and High German word 'bauen' first of all suggests a sameness; it is to build and to dwell. A number of variants of this word survive in modern English; for example in neighbour, a near-dweller, in bower and byre. But does this tell us anything that is not already obvious? How could it be otherwise, than that the word meaning dwell overlaps into the artifact with which we dwell, and furthermore, the activity whereby we construct this artifact? Are we any clearer as to what building and dwelling in essence mean?

The word bauen - to build and to dwell - means at the same time to cultivate. By cultivation, two modes or senses of building are suggested; a building as tending or cultivating, and a building as erecting, laying-out (e.g. as a road) or construction. Amongst its other meanings, therefore,

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<sup>1</sup>Heidegger, M. (1978) p.193.

this word bauen also means at the same time to cherish and protect, to preserve and care for, specifically, to till the soil, to cultivate the vine. Such building only takes care - it tends the growth that ripens into its fruit of its own accord. Building in the sense of preserving and nurturing is not making anything. Shipbuilding and temple building, on the other hand, do in a certain way make their own works. Here building, in contrast with cultivation, is a constructing. Both modes of building - building as cultivating, Latin colere, cultura and building as the raising up of edifices, aedificare - are comprised within genuine building, that is, dwelling.<sup>1</sup>

We may now, perhaps, move closer to seeing what is essential to dwelling by noticing how building as cultivating and as constructing each 'take place'. Place, we recall, is a ground which is levelled or laid out, a horizontality which is 'easy to see or determine' and hence 'easy to build upon'. A place which is laid out either for building or for gardening is a 'plot' which also suggests the 'plans' that we have for it. What, according to Heidegger, both forms of building - construction and cultivation - have in common is a freeing and preserving of place.

An example which Heidegger discusses at some length is that of the bridge over a river. Whether we think of a wooden footbridge over a burn, an arched stone bridge over a river, or a modern suspension bridge over an estuary, the 'thingness' of the bridge is its gathering. Things - quite distinct from objects - 'thing' by gathering. The bridge gathers the waters and the banks (by letting the waters run their course, by letting the banks be banks)

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<sup>1</sup>Heidegger, M. (1971) p.147.

and the to-ing and fro-ing of mortals who may now pass from shore to shore, and, as they do, give thanks (whether or not this thanking is 'pushed wholly aside'). Heidegger speaks of this gathering whereby things 'thing' poetically, as the 'fourfold' of earth and sky, divinities and mortals, which the bridge 'gathers to itself in its own way'.<sup>1</sup>

But a bridge is not only a thing; it is a particular kind of thing which is at the same time a building. What is particular about buildings is the sense in which they 'make place', which in turn makes for 'space'. Buildings gather, according to Heidegger, in such a way as to be a location. The thing which gathers as 'location' in turn 'allows for' spaces.

To be sure, the bridge is a thing of its own kind, for it gathers... in such a way that it allows a site for... But only something that is itself a location can make space for a site. The location is not already there before the bridge is. Before the bridge stands, there are of course many spots along the stream that can be occupied by something. One of them proves to be a location, and does so because of the bridge. Thus the bridge does not first come to a location to stand in it; rather a location comes into existence only by virtue of the bridge. The bridge is a thing; it gathers... but in such a way that it allows a site for... only things that are locations in this manner allow for spaces... Space is in essence that for which room has been made, that which is let into its bounds. That for which room is made is always granted and hence is joined, that is, gathered, by virtue of a location, that is, by a thing such as a bridge. Accordingly, spaces receive their being from locations and not from 'space'... Things which, as locations, allow a site we now call buildings.<sup>2</sup>

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<sup>1</sup>Ibid.p.153.

<sup>2</sup>Ibid. p.154.



Buildings "are locations that allow a site for the fourfold, a site that in each case provides for a space."<sup>1</sup> Heidegger speaks of this allowing as a keeping, a securing, a 'letting into its bounds' and a 'freeing and preserving'. Whilst remaining, so far, less than sure what exactly Heidegger means, we may sense that he suggests a *prima facie* case that may be made out for some buildings. Is it not indeed possible that some buildings (constructions and cultivations) 'free' and 'preserve' in some way which is in keeping with Heidegger. We may think of the geometrics of the Gothic cathedral, or perhaps of a gardened cottage nestling in the valley; and we may even speak of such buildings 'making' a place. But how we might ask, could such considerations hold of certain modern technological constructions and cultivations, whose seeming not 'freeing and preserving' would not simply be based on aesthetic considerations, but on considerations of their manifest destructiveness. Far from 'freeing and preserving', does not a nuclear power station cast a shadow upon its entire surrounding landscape? And again, if building as cultivation is likewise in essence a freeing and preserving, does this hold of modern agriculture as it did the tending of the peasant; does it hold of the farming industry which puts aside all interests (such as the health of the land and the well-being of the 'consumer') save that of 'maximum yield'. Are all buildings subsumed to the interests of technological production, and which in certain ways seem

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<sup>1</sup> Ibid. p.154.

seriously to threaten and harm man and nature, also comprised within 'genuine building' that is, dwelling; and which is, as such a freeing?

In order to see what truth there may be to the claim that all building is a sparing and preserving, we must first of all give thought to the manner in which different buildings 'preserve'; and to that which is preserved or saved, in this manner. The bridge, we recall, gathers, in its own way. The way in which the buildings I now mention gather, and in gathering, make location, is in keeping with the way of being of modern technology. Whilst a discussion of technology, and of Heidegger's writings on technology, is quite beyond the scope of this study, we may make several comments.

Heidegger sees the essence of technology not in any thing technological, such as gadgetry, but as a showing, revealing, disclosing. Technē, which is the bringing forth, disclosing by man, like physis which is the budding, flowering, ripening whereby nature brings forth by itself, belongs within poiesis, bringing forth, whereby something not yet present attains presence. The technological mode of showing, by which our present age is ruled, shows as 'stock', as resource, as standing reserve; that is, for example, it shows 'nature' (including our own 'nature') as 'orderable', and on call, available for further ordering. The world shows itself as a vast repository of resources 'in order to'... Insofar as being becomes subsumed within the categories of 'usefulness' Heidegger writes that technological showing is a mode of showing which conceals

its essence as showing, it "not only conceals a former way of revealing, bringing forth, but it conceals revealing itself".<sup>1</sup> Yet whilst technological showing, in a characteristic way, blocks poiēsis or bringing forth (which too is a showing) it is not simply another way of showing, alongside poiēsis, but has its 'origin' in showing forth or bringing forth. And this origin - the last thing to be seen - nevertheless is shown in the concealing-disclosing mode characteristic of technological showing; and thus it arises that technology itself 'makes the demand on us' to think its essence, that is, to see its manner of showing, and that which, in this showing, most primordially is revealed. Thus it is that Heidegger talks of the 'saving power' of technology.

According to Heidegger, the fundamental character of dwelling is sparing and preserving, and it is in this sense of sparing and preserving that building, as construction or cultivation, is already dwelling. How does this sparing and preserving happen? In staying with. "Dwelling itself is always a staying with things".<sup>2</sup> We now turn to consider the question of how dwelling 'stays with'.

### Being and Dwelling

Staying with is not a matter of being 'around' things, any more than dwelling is the topological relation of being 'within' a habitation. We have seen that 'building',

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<sup>1</sup>Heidegger, M. (1978) p.309.

<sup>2</sup>Heidegger, M. (1971) p.151.



which belongs to dwelling, brings into being location, which 'allows for' space, or 'provides for' space. The 'freeing of space' which is building as dwelling is not the 'taking' of a space which is already there and appropriating it to the ends of inhabitation. Neither, it should be emphasised, is space a 'subjective' phenomenon, a creation of human consciousness.

Spaces, and with them space as such - space - are always provided for already within the stay of mortals. Spaces open up by the fact that they are let into the dwelling of man. To say that mortals are is to say that in dwelling they persist through spaces by virtue of their stay among things and locations.... Man's relation to locations, and through locations to spaces, inheres in his dwelling. The relationship between man and space is none other than dwelling, strictly thought and spoken.<sup>1</sup>

The nature of building is letting dwell. Building accomplishes its nature in the raising of locations by the joining of their spaces. Only if we are capable of dwelling, only then can we build.<sup>2</sup>

The 'staying with' of dwelling is not, I have stressed, something which we 'do', that is, an activity. It is rather because man's dwelling is a staying with that he is 'free' to come and go, stay or leave, do this or that. Staying or leaving will in either case be including within the 'stay' of dwelling. If dwelling were something that we do, then perhaps the situation might not arise where dwelling, despite everything, remains in such a plight, continues to be associated with such 'restlessness'; for could not procedures be worked out especially with all the

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<sup>1</sup>Ibid. p.157.

<sup>2</sup>Ibid. p.160.

resources and information available to us, such that man might finally be able to dwell 'better'. Building and dwelling are the 'same'; but this very identity, instead of lulling us with assurances of what building achieves for dwelling, requires us to ask what building shows of dwelling.

Building is within the domain of dwelling. How far does this domain extend? Again we return to Heidegger's discussion of the word.

Where the word bauen still speaks in its original sense it also says how far the nature of dwelling reaches. That is, bauen, buan, bhu, beo are our word bin in the versions ich bin, I am, du bist, you are, the imperative form, bis, be. What then does ich bin mean? The old word, bauen, to which the bin belongs, answers: ich bin, du bist mean; I dwell, you dwell. The way in which you are and I am, the manner in which we humans are on the earth, is buan, dwelling. To be a human being means to be on the earth as a mortal. It means to dwell.<sup>1, 2</sup>

Heidegger's claim that to be a human being is to dwell is to be understood quite radically; it is not a claim that in dwelling man 'finds meaning', or that in dwelling he defines himself as homo oeconomicus. Dwelling is not inhabitation. Heidegger proposes that to be is to dwell; that man's being is dwelling. Dasein, that being whose essential being resides in its compartment towards being

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<sup>1</sup>Ibid. p.147.

<sup>2</sup>It is suggestive to compare this with the English 'be', as, for example, in such constructions as 'I have been'. Furthermore, in the context of Heidegger's discussion, it is interesting to note the etymology of 'was' from O.E. 'wesen', to be.

"O.E. wesan is akin to O.Fris wesa...M.H.G. wesen (whence the German noun Wesen, being, existence...D. wezen to be; c.f. also with v for w: Skt vasati, he remains or dwells (lit. continues to be) and M.L. vesta the ancient Italian goddess of dwellings... The I.E. root is probably wes-, to dwell for among the Germanic languages, not only in English does this verb serve as the pt or impf of 'to be'.<sup>2</sup>"  
See Partridge, E. (1966) p.797.



and towards the question of what it is, to be, is now, in later Heidegger, characterised as being a being who dwells; whose way of being is a dwelling of being. And we may now return to the question which was raised earlier, which Heidegger refers to as the 'plight' of dwelling, a plight which reflects man's restlessness, his ever having to learn to dwell. Now it seems that he must learn 'to be', or learn what it is 'to be' - whilst all the time he already 'is'. It is indeed a 'plight', because not amenable to solution by any course of action, because of the 'already'.

If we already dwell, and yet are required to learn in some fashion about the nature of dwelling, then we must turn, perhaps, to what we already know, and to what is closest. I have suggested that this learning will take the form of recollection, that insofar as man who dwells is at the same time homeless, unrecalled into dwelling, ungathered or untogether, his dwelling is wandered. This recollection will concern itself with what is closest. What is most close, and therefore at greatest risk of being most 'closed', is the ordinary, the everyday, the commonplace. Here, in the commonplace where we indeed are, we may find ourselves on the way to a reply to the question which guides these chapters, the question of beginnings. The movement of inquiry, which takes us from 'ethics' to 'abode' is suggested in the following passage taken from Heidegger's 'Letter on Humanism'.

Along with 'logic' and 'physics', 'ethics' appeared for the first time in the school of Plato. These disciplines arose at a time when thinking was becoming 'philosophy', philosophy,



epistēmē (science) and science itself a matter for schools and academic pursuits. In the course of a philosophy so understood, science waxed and thinking waned. Thinkers prior to this period knew neither a 'logic' nor an 'ethics' nor 'physics'. Yet their thinking was neither illogical nor immoral. But they did think physis in a depth and breadth that no subsequent 'physics' was ever again able to attain. The tragedies of Sophocles - provided that such a comparison is at all permissible - preserve the ēthos in their sagas more primordially than Aristotle's lectures on 'ethics'. A saying of Heraclitus which consists of only three words says something so simply that from it the essence of the ēthos immediately comes to light.

The saying of Heraclitus (Frag. 119) goes: ēthos anthropōi daimon. This is usually translated, 'A man's character is his daimon'. This translation thinks in a modern way, not a Greek one. Ethos means abode, dwelling place. The word names the open region in which man dwells. The open region of his abode allows what pertains to man's essence, and what in thus arriving resides in nearness to him, to appear. The abode of man contains and preserves the advent of what belongs to man in his essence. According to Heraclitus' phrase this is daimon, the god. The fragment says: Man dwells, insofar as he is man, in the nearness of god. A story that Aristotle reports (De parte animalium, I, 5, 645a, 17) agrees with this fragment of Heraclitus. The story is told of something Heraclitus said to some strangers who wanted to come visit him. Having arrived, they saw him warming himself at a stove. Surprised, they stood there in consternation - above all because he encouraged them, the astounded ones, and called for them to come in with the words, "For here too the gods are present."<sup>1</sup>

The significance of ēthos as 'abode' is discussed in Fell's chapter on the 'Letter on Humanism':

If the distinction between ethics, logic and physics has a particular historical starting point in the schools of Plato and Aristotle, a starting point that many have no absolute or self-evident warrant, it may be important to 'remember' back to a more primordial understanding - for example in Heraclitus. Construing ēthos as 'abode', Heidegger translates fragment DK 119 of Heraclitus (ēthos anthropō daimon)

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<sup>1</sup>Heidegger, M. (1978) p.232.

as 'Man, insofar as he is man, dwells in the precinct of God'. Heidegger thus locates the primal ground not only of ethics but at the same time of theology in an understanding of physis (which is prior to 'physics') as 'abode'. Heraclitus greeted visitors, disappointed at the humbleness and ordinariness of his 'abode' and way of life, with the admonition 'the gods present themselves even here'. This means that neither gods nor ethics are to be sought in a meta-physical topos, a separate region, but rather 'at this common place (an diesem gewöhnlichen Ort)'. Here the notion of 'owning up' to 'everydayness' in Being and Time comes into its own. Heidegger's term gewöhnlich is to be associated with wohnen (to dwell) and Wohnung (dwelling, home). Man's own true dwelling as mortal is a 'common place' where he finds a precedent community of nature. The common, the accustomed, the customary - in short, the 'everyday' - is the proper (eigentlich) home of man. In modern times it has decayed into the 'merely' ordinary, from which man seeks meta-physical escape precisely because metaphysics has displaced or split off the spiritual, the theological, the ethical and the aesthetic from the everyday, leaving the everyday impoverished as 'the (merely) commonplace'.<sup>1</sup>

Fell's remarks recall Aristotle's 'what is known to us'. What is known to us - goes without saying. It is known to us as 'commonplace'. In being led to the commonplace we arrive at what is most familiar.

The coursing can lead us into what belongs to us, into the domain where we already dwell. Then why, one may ask, must we first travel a course toward it? Answer: because we are there, where we already are in such a way that we are at the same time not there, insofar as we still not properly appropriated what belongs to our essence... We still do not sufficiently dwell where we really (eigentlich) already are.<sup>2</sup>

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<sup>1</sup>Fell, J.P. (1979) p.179.

<sup>2</sup>Heidegger, M., Identity and Difference. Quoted by Fell, J.P. (1979) p.258.



## Lingering and Wandering

Dwelling is a staying. It is fully in accordance, therefore, with the directives of 'dwelling' that we stay with the word a moment longer.

The word 'dwell' comes from the Old English 'dwellan', meaning to linger, to wander. It provides a good example of the antithetical senses of a primal word. Dwellan is akin to "OE dwalian, OFris dwalia to wander, to be in error, OE dwalia, error, OFris dwalinge, OE dwolung, doubt, ON dvelja, to linger, delay, tarry, retard..."<sup>1</sup>

The Oxford English Dictionary traces dwell to dwellan, to lead astray, hinder, delay; also intransitive, to go astray, err, be delayed, tarry. It lists seven principal meanings of the word.

1. Lead into error. (obsolete)
2. Hinder, delay.
3. To tarry, delay.
4. To abide or continue for a time, in a place, state or condition.
5. To spend time upon, linger over.
6. To continue in existence, to last, to persist, to remain.
7. To have one's abode, to reside, 'live'.

We may conveniently approach discussion of this word 'dwelling' under the two main headings of 'lingering' and 'wandering'.

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<sup>1</sup>Partridge, E. (1966) p.172.



To Linger

This word has the same root as 'long', 'stretch out', 'prolong'; also longing, belonging. To linger is

to stretch out

to stay

to stay with

to abide, abide with (abode)

to tarry, remain...to put off, to stretch out...

Dwelling is in the first instance a staying, and a staying with. We recall Heidegger: dwelling itself is always a staying with things. We may think of where we stay, amongst other things, as where we stand; for the attitudinal and ethical connotations of stance are fairly clear. The human posture is upright, yet man is 'fallen'. Stance speaks, too, of both our 'rootedness' and of the sense in which the notion of rootedness does not quite 'apply' to humans. We stand on the earth, which sustains us and provides us with our daily bread. But at the same time, we stand out, or apart from the world; we ex-ist. We exist 'understandingly', stand in the world.<sup>1</sup>

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<sup>1</sup>Language expresses well the psychological meaning of standing, with all its facets. The coupling of the transitive and the intransitive 'to stand' and to 'stand something' characterize them as resisting and, therefore, enduring against threat, danger, attack. The etymological root of standing -sta- is one of the most prolific elements not only in English but also in Greek, Latin, French and German. It may suffice to mention only a few derivatives of an almost inexhaustible store. Beside such combinations as 'standing for', 'standing by' and 'making a stand', there are many words where the root has undergone slight changes but is still recognizable: e.g. 'state', 'status', 'estate', 'statement', 'standard', 'statue', 'institution', 'constitution', 'substance', 'establish', 'understand', 'assist', 'distant'. This entire family of words is kept together by one and the same principal meaning. They refer to something that is instituted, erected, constructed and, in its dangerous equilibrium, threatened by fall and collapse. Straus, E.W. (1966) p.143.

Thinking of dwelling as a staying, a tarrying, a biding (for the 'temporality of 'stance' cf. It. 'stanza', a pause hence a verse) brings to mind Heidegger's repeated utterance that it is mortals who dwell. His poetic discussions of dwelling are resonant with the echoes of earlier discussions of Dasein and temporality, being-toward-death, time and authenticity, in, for example, Being and Time. We have touched upon some consideration of notions to do with dwelling and space; yet it is the emphasis upon the temporality of dwelling that is likely, first of all, to strike Heidegger's reader:

Mortals dwell in that they initiate their own nature - their being capable of death as death - into the use and practice of this capacity, so that they may have a good death. To initiate mortals into the nature of death in no way means to make death, as empty Nothing, the goal. Nor does it mean to darken dwelling by blindly staring toward the end.<sup>1</sup>

They (human beings) are called mortals because they can die. To die means to be capable of death as death. Only man dies, and indeed continually, so long as he remains on earth.<sup>2</sup>

"All people that on earth do dwell" - so goes the hymn. Dwelling-lingering suggests that our life is a sojourn, a passage. We may choose an image from the Icelandic sagas of the momentary flight of a bird through the flickering lights of a banqueting hall; a moment of appearance bounded by the darkness of the whence and the whether. We all know that we will die; dwelling-lingering may remind us that our death is always with us; that the darkness does not simply enter the picture by framing it but is always there with the very

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<sup>1</sup>Heidegger, M. (1971) p.151.

<sup>2</sup>Ibid. p.150.



essence of the light.<sup>1</sup>

The presently occurring does not lie like a cut off piece between the absent. When the presently occurring once stands in view, everything occurs together, one brings the other along<sup>2</sup> with itself, one lets the other go its way.

To say that mortals are 'towards death', or are capable of death 'as death' is to speak of that 'relation' with time whereby humans may be said to 'have time'. Only because man's life is a staying and a passing, because man is as a mortal, can he linger, and have time for. His dwelling is the mattering of time. Man's dwelling does not occur 'in' time, but is an advent of time. Having time for is not grounded in objective time, and it is not some allocation of time's segments, but is a freeing and preserving or opening up of time's fullness, a possibility which is granted to man and which is expressed in his standing so close to time that the nature of his being is - dwelling.

Precisely because man dwells, is mortal, his staying is at the same time a leaving. It is a leaving because dwelling is only a stay, and because in time everything occurs together. Leaving is an allowing, a 'letting the other go its way'. But letting also is hindering. It is by letting as hindering that our stay becomes prolonged. The prolonging of staying, whereby staying tends to become

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<sup>1</sup> Discussion of the presence of that which is absent occupies a central position in many phenomenological writings. See, for example, not only Heidegger but also Merleau Ponty, especially The Visible and the Invisible. Merleau Ponty, M. (1968).

<sup>2</sup> Heidegger, M. Einführung in die Metaphysik. Quoted in Fell, J.P. (1979) p.234.



staid, is a forgetting of the time; and a forgetting of the time of our staying, which is dwelling. But this prolonging or putting off is also in keeping with dwelling. To stay is at the same time to stray; lingering leads into error.

### To wander

To wander comes from the same root as 'wind'. To wander is

- to take a winding course
- to turn, to turn about
- to change, to bend
- to err, to be in error
- to wend (p.p. 'wended', went)

Wandering is a 'going on one's way' which is a wending; a going on one's way which is a way of indirection. The movement of wandering includes that of a turning or winding, and a turning upon oneself. The flexibility and suppleness suggested by the word is brought out in the noun 'wand', a slender, pliant stick used for example in basket making, wattled buildings, and weaving. The verb 'wand' (Sc. and dial.) means to wattle, interweave, plait. Wandering is weaving. At the same time the 'pointedness' of 'wand' is brought out in its meaning as a 'straight, slender stick', a light walking-stick, a stick used as a pointer. A wand was also a rod or staff borne as a sign of office; a sceptre. All of these various inflections of meaning, and at the same time the magical properties of the wand, are very nicely brought together in the image of the Hermetic staff, or caduceus.

The movement of wandering may be exquisitely paradoxical in the fashion in which it is both aimless and pointed, free and unfree. The wanderer turns upon his vertiginous spirallings and re-turns. It is a theme within countless mythologies that the treasure is arrived at only in the course of extended wanderings.

What is perhaps the best known poem in the English language begins with the words 'I wandered...'. To put this down to poetic licence (it is well known that in fact Wordsworth was out for a walk with his sister) is to beg the question: why does this 'showing', this 'wealth' of which the poet speaks belong with wandering? Wordsworth's 'recollection in tranquillity', in 'vacant or in pensive mood' is itself a wandering, a wondering. Reverie is a wandering.

The importance of wandering is very well brought out in Freud's discussion of free association. One of Freud's most important and far reaching 'discoveries', it was from the beginning referred to as the 'technique' of free association. A technique suggests an instrument applied by the analyst. This notion of free association as an instrument for investigating the mind has been criticized by Heaton.

Let us turn back to Freud's practice and see if he actually used free association in the way he thought he did when he was writing his theoretical works. In the famous 'Aliquis' case at the beginning of his 'Psychopathology of Everyday Life', he tells his friends, 'I must ask you to tell me, candidly and uncritically, whatever comes into your mind if you direct your attention to the forgotten word without any definite aim'. To be asked

to be candid and uncritical is not to be asked to undergo a technical process but to take some moral stance towards what one says. Similarly to do something with no definite aim is hardly a technical matter - it is nearer play.

Furthermore, Freud makes comments, well aimed questions and shrewd observations to the person free associating: again this is not the innocent application of a blind technique which produces knowledge but requires insight and knowledge of people on Freud's part. Also Freud reported many cases of people who forgot names, who made slips of the tongue and themselves free associated without having heard of this particular technique.<sup>1</sup>

Freud's decision to abandon hypnosis as a means of 'access' to the patient was largely a consequence of his patients' insistence upon following their own way, letting their speaking take its own course.

His account of how he adopted the technique of free association, for example, is touching in its simplicity. A patient appears to have stoutly resisted Freud's interfering with the flow of the clinical material. 'I now saw that I had gained nothing from this interruption and that I cannot evade listening to her stories in every detail to the very end.' At another point the same patient 'said in a definitely grumbling tone that I was not to keep on asking her where this or that came from, but to let her tell me what she had to say'. As Freud quietly put it, 'I fell in with this...' Freud found that he had to be more patient in his therapy, and instead of starting out from the pressing symptoms and aiming to clear them up he left it to the patient to choose the subject of the day's work. The couch was a useful remnant from Freud's use of hypnosis, however, since it permitted both analyst and patient to relax and free associate...<sup>2</sup>

Freud writes that his earlier methods of 'pressing and encouraging'

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<sup>1</sup>Heaton, J.M. (1982) p.134.

<sup>2</sup>Roazen, P. (1976) p.99.



gave place to another method which was in one sense its opposite. Instead of urging the patient to say something upon some particular subject, I now asked him to abandon himself to a process of free association i.e. to say whatever came into his head, while ceasing to give any conscious direction to his thoughts.<sup>1</sup>

Freud now encourages his patients to let their thoughts wander, and he proposes in effect to accompany his patients in their wanderings. The particular wanderings to which he addressed himself were strayings and errings; for his work was with people who had lost their way. But Freud did not propose to his patients that they 'abandon' their wandering, in favour of some 'better way of life'. On the contrary, he proposed that they stay with their wandering, linger upon it and follow its movement, in that very situation of their being together. Freud writes that "we must bear in mind that free association is not really free".

The patient remains under the influence of the analytic situation even though he is not directing his mental activities on to a particular subject. We shall be justified in assuming that nothing will occur to him that has not some reference to that situation.<sup>1</sup>

What is 'binding' about that situation is for example the commitment to say everything which comes to mind (Freud would put it differently: "to report everything that occurred to his self-perception"). But the patient's being 'bound' in meeting the requirements of the situation is precisely a staying. This staying does not place limits upon freedom, but as staying, grants leave to wander.

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<sup>1</sup>Freud, S. (1936) pp.71-72.

<sup>2</sup>Ibid. pp.72-73.

I have referred to Heidegger in making the claim that to be is to dwell - and have opened up something of the meaning of what it is to dwell by referring to the etymology of the word, which speaks of dwelling as a lingering and a wandering. What is important is the manner in which these two belong together.

Lingering, or staying, is an opening, or holding open. I have already suggested that staying is a spatio-temporal opening, clearing or keeping. Staying is a freeing and preserving, a gathering together of what is already belonging, or perhaps fitting. We 'understand' the world in staying; we stay, for example, in language, which tells us, according to the manner of our staying, of the nature of things.

The process of naming whereby Things come to be Things is essentially the process in which a finite being, understanding himself as finite, dwells with Things in a particular historical way (wondering about them, using them, looking at them, etc.). This particular way either recognizes or neglects the fact that they come to be Things for him only because he dwells, in language, in an articulated region (time-play-space) that is a 'between' (zwischen) whose 'limits', context, and source are marked by the mortal, the immortal or divine, the inexhaustible earth, and the rhythm of the heavens.<sup>1</sup>

Wandering, too, opens and holds open. Wandering extends the stay, leads it out, outstays and stays out, over-reaches, takes leave, takes liberties. Wandering takes funny turns, arrives with, or at the unexpected, and the unspeakable. Wandering finally brings it all back home.

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<sup>1</sup>Fell, J.P. (1979) p.264.

Dwelling is both lingering and wandering: lingering and wandering belong in the unitariness of dwelling. Staying stays, wandering changes - in each case, the same. Lingering has time for wandering, staying safeguards wandering's extravagencies. Lingering protects wandering, wandering nourishes lingering. Lingering stays with the wandering, wandering prolongs the lingering, as Scheherazade, in One Thousand Nights prolongs her life each night, for yet one more day, by telling her story.<sup>1</sup> Wandering spins a yarn which staying remains to hear, to gather the threads.

It is in our nature to stay, to stand, to stand out, to remain where we are, to take a place, to hold our ground, to inhere, rest and shelter. It is in our nature at the same time to fall, and fall out, to wander and stumble, to lose the thread, become distracted, to surrender, let go, to turn and return. Dwelling is the playing of lingering with wandering, turning and returning, gathering and dispersing, coming and going, loving and leaving; that dance, as between man and woman, from which the world is born.

### Poetically Man Dwells

We may now anticipate the criticism that this discussion of 'dwelling' is in danger of becoming altogether too 'poetic', if only in its preparedness to linger with

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<sup>1</sup>"I lived in anxiety at not knowing if the Master of my destiny, less indulgent than the sultan Sheriar, would be willing, when morning interrupted my tale, to postpone my death sentence and allow me to continue on the following evening."



words in an attempt to disclose something of their fullness of meaning, rather than (as might seem more to befit a theoretical work) defining the strict senses in which they are to be used. For one possible reply to this criticism, at least as it might be seen to apply to Heidegger, we again turn to our reading of this author, whose discussion of the 'poetic' in its relation to dwelling is quite explicit - if poetic.

Heidegger's essay 'Poetically man dwells'<sup>1</sup> takes its title from the Holderlin poem which includes the lines:

Full of merit, yet poetically, man  
Dwells on this earth.

Heidegger's short essay is both complicated and rich. It is all too easy to paraphrase it in some fashion which betokens an altogether premature understanding, and which merely confirms our suspicion of the importance of the aesthetic dimension of life. But Heidegger is not speaking of the poet as one who belongs to this or that literary tradition, but as the one who 'takes the measure'. The various resonances of 'logos' may be heard in this 'measure'. The notion of the 'measure' follows the earlier discussion of dwelling and building, and of building as a kind of 'keeping'; for 'taking the measure' is a kind of building, too. "Poetic creation, which lets us dwell, is a kind of building".<sup>2</sup> This 'poetic' building thus belongs with, and in a sense contrasts with the more prosaic building

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<sup>1</sup>In Heidegger, M. (1971) pp.211-229.

<sup>2</sup>Ibid. p.215.

which occurs through the work of man's hands - construction and cultivation. It is in these two senses of the 'building' of dwelling which Heidegger reads in the lines 'full of merit, yet poetically...'. The poetic measuring is, despite differences, more or less at one with what Heidegger elsewhere calls 'thinking'. A 'poetic' dwelling, in this sense, then, is a dwelling which gives thought - and thanks - to that which grants dwelling. It is dwelling thoughtfully. Without this thoughtfulness or grace, the various achievements of dwelling amount to nothing.

The poet is one who 'listens in the neighbourhood of being'; and who, in this listening, takes the measure - that "with which man measure out his dwelling, his stay on the earth beneath the sky. Only insofar as man takes the measure of his dwelling in this way is he able to be commensurately with his nature".

Man's taking measure in the dimension dealt out to him brings dwelling into its ground plan. Taking the measure of the dimension is the element within which human dwelling has its security, by which it securely endures. The taking of measure is what is poetic in dwelling. Poetry is a measuring.<sup>1</sup>

This is a measuring which differs from the 'ordinary' or the scientific, which does not use instruments of measurement, but which is

in truth simpler to handle than they, provided our hands do not abruptly grasp but are guided by gestures befitting the measure here to be taken. This is done by a taking which at no

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<sup>1</sup>Heidegger, M. (1971) p.221.

time clutches at the standard but rather takes it in a concentrated perception, a gathered taking-in, that remains a listening.<sup>1</sup>

Heidegger speaks of the 'dimension' of dwelling, which poetry gauges, and thereby imparts 'the measure for all measuring', as a 'between'. He speaks the words of Holderlin in pointing to a 'between' the heavens and the earth. "We leave the nature of the dimension without a name."<sup>2</sup> Its remaining nameless is fitting, since Heidegger is emphasizing that the dimension of which poetic dwelling is a measuring is beyond the domain of human will and mastery. Human dwelling, insofar as it is not forgetful, or guilty of hubris, remains in awe of the powers and fates to which it is subject. Mortal dwelling knows its place. "It is not grounded within itself."<sup>3</sup>

Poetry, then

builds up the very nature of dwelling. Poetry and dwelling not only do not exclude each other; on the contrary, poetry and dwelling belong together, each calling for the other. 'Poetically man dwells'. Do we dwell poetically? Presumably we dwell altogether unpoetically. If that is so, does it give the lie to the poet's words; are they untrue? No. The truth of his utterance is confirmed in the most unearthly way. For dwelling can be unpoetic only because it is in essence poetic. For a man to be blind, he must remain a being by nature endowed with sight. A piece of wood can never go blind. But when man goes blind, there always remains the question whether his blindness derives from some defect and loss, or lies in an abundance and excess. In the same poem that meditates on the measure for all measuring, Holderlin says: 'King Oedipus has perhaps one eye too many'. Thus it might be that our unpoetic dwelling, its incapacity to take the measure, derives from a curious excess of frantic

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<sup>1</sup>Ibid. p.223.

<sup>2</sup>Ibid. p.220.

<sup>3</sup>Heidegger, M. (1968) p.193.



measuring and calculating.<sup>1</sup>

In reading these words, one may be reminded of those approaches to living, where dwelling is indeed forgotten in a constant 'measuring up to', a calculating 'what is good for'. These measurings are without doubt carried out with the best intentions. But - according to Heidegger - it is not simply 'goodwill' or good intentions that ensure that kindness endures within the dwelling, but "the claim and appeal of the measure to the heart in such a way that the heart turns to give heed to the measure".<sup>2</sup>

Perhaps the most important conclusion - in the context of the concerns of this thesis - to which Heidegger's writings on 'dwelling' lead us is this: that dwelling cannot be thought of adequately in terms which already presuppose its understanding. It therefore resists any assimilation to any 'framework' of thought, to any of the current 'isms' which offer an already prepared course for our thinking to follow. What Heidegger maintains is most essential to dwelling cannot, therefore be grasped by a 'humanism' or an 'existentialism', any more than it can by utilitarian pragmatism, materialism or positivism. Dwelling demands to be thought - in the most original, oriental, sense of the word, originally.

The term which Heidegger uses for that thinking which is most in keeping with the essence of dwelling is poetic.

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<sup>1</sup>Ibid. pp.227-228.

<sup>2</sup>Ibid. p.229.

That this is so follows from the essentially 'poetic' nature of dwelling. The poetizing of dwelling is not primarily, or necessarily an 'artistic', aesthetic or literary poetizing. To make this clear I have stressed the closeness of poetry with 'thinking', such that Holderlin's line might be paraphrased: 'Thoughtfully man dwells'. Man's dwelling is a staying with that which calls him to think; which gives him cause to think, and to thank.

### Intimate Space

I would like to conclude this chapter on 'dwelling' by turning to a very different thinker, but one who in the course of a quite different style of meditation from that of Heidegger nonetheless has a great deal to say about 'poetic dwelling'. Here, however, poetic dwelling is approached through the intimate spaces of dwelling; dwelling spaces which hold us and take hold in us, spaces which free us to wander; spaces which invite us to come out of ourselves.

The intimate, hospitable spaces of the home, spaces which attract us, spaces that we love, are discussed and beautifully evoked, particularly in 'The Poetics of Space', by the philosopher of science and phenomenologist Gaston Bachelard.<sup>1</sup> His approach to these 'intimate spaces' is made through reverie, which regrettably unsimple notion we shall briefly discuss. Those intimate spaces within which

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<sup>1</sup>Bachelard, G. (1958). All of the following extracts are taken from this work, except where otherwise indicated.

and upon which Bachelard meditates have a singular power to shelter and protect, awaken and give birth to 'reverie', and it is in this that their privilege and importance largely resides. For it is through reverie that our deepest being may be approached. "The values that belong to daydreaming mark humanity in its depths".

What does Bachelard mean by 'reverie', or by the term with which it seems to be used interchangeably - daydreaming? His discussion of these phenomena crystallizes around the notion of the poetic image. Reverie grasps, opens, inaugurates, awakens, discloses - culminates in - the poetic image. It is clearly distinguishable, therefore, from the dream - or even from that species of daydream which culminates in sleep. The 'reverie-daydream' of which Bachelard speaks, awakens; since poetry has put it on the right track, 'the track of expanding consciousness'. It is, says Bachelard, a poor reverie which 'invites a nap'.

But when it is a question of poetic reverie, of reverie which derives pleasure not only from itself but also prepares poetic pleasure for other souls, one realizes that one is no longer drifting into somnolence. The mind is able to relax, but in poetic reverie the soul keeps watch, with no tension, calmed and active.

Reverie - one of the feminine states of the soul - 'is the very force (puissance) of the being at rest'.<sup>1</sup>

It is ironic that the one discrete, personal reverie of the author which is discussed at length should be one which is expressly entered precisely as an invocation of

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<sup>1</sup>Bachelard, G. (1969) p.18.



sleep. I shall quote this in its entirety:

Just here the philosopher who believes in the salutary nature of vast daydreams is faced with a problem: how can one help confer greater cosmicity upon the city space that is exterior to one's room? As an example, here is one dreamer's solution to the problem of noise in Paris:

When insomnia, which is the philosopher's ailment, is increased through irritation caused by city noises; or when late at night, the hum of automobiles and trucks rumbling through the Place Maubert causes me to curse my city-dwellers fate, I can recover my calm by living the metaphors of the ocean. We all know that the big city is a clamorous sea, and it has been said countless of times that, in the heart of night in Paris, one hears the ceaseless murmur of flood and tide. So I make a sincere image out of these hackneyed ones, an image that is as much my own as though I myself had invented it, in line with my gentle mania for always believing that I am the subject of what I am thinking. If the hum of cars becomes more painful, I do my best to discover in it the roll of thunder, of a thunder that speaks to me and scolds me. And I feel sorry for myself. So there you are, unhappy philosopher, caught up again by the storm, by the storms of life! I dream an abstract-concrete daydream. My bed is a small boat lost at sea; that sudden whistling is the wind in the sails. On every side the air is filled with the sound of furious klaxoning. I talk to myself to give myself cheer: there now, your skiff is holding its own, you are safe in your stone boat. Sleep, in spite of the storm. Sleep in your own courage, happy to be a man who is assailed by wind and wave. And I fall asleep, lulled by the noise of Paris.

Bachelard adds that "in fact everything corroborates my view that the image of the city's ocean roar is in the very 'nature of things', and that it is a true image".

I shall provide one further example of a house furnishing its daydreamer with strong images, which this time, against a different storm, are counsels of resistance.

And so, faced with the bestial hostility of the storm and the hurricane, the house's virtues of protection and resistance are transposed into

human virtues. The house acquires the physical and moral energy of a human body. It braces itself to receive the downpour, it girds its loins. When forced to do so, it bends with the blast, confident that it will right itself again in time, while continuing to deny any temporary defeats. Such a house as this invites mankind to heroism of cosmic proportions. It is an instrument with which to confront the cosmos. And the metaphysical systems according to which man is 'cast into the world' might meditate concretely upon the house that is cast into the hurricane, defying the anger of heaven itself. Come what may, the house helps us to say: I will be an inhabitant of the world, in spite of the world.

Something must now be said about the 'poetic image'. So far as it is the culmination of a reverie, some sort of evolutionary movement may be described "from the original state of the reverie to that of execution". Yet the first thing to note about the completed image, and one in which Bachelard sees an important ontological significance, is its reverberatory power, its trans-subjectivity, its communicability; its resonance, its sonority, which 'rings true'. The image shows precisely in its quality of inter-subjectivity, an 'autonomy'. The image which poetic reverie produces is not a product of the poet's past. The image appears 'above' customary language and it speaks in a language so new that 'correlations between past and present can no longer be usefully considered'. The image resists any attempt to subordinate it within any structure of 'antecedents'; it "is not subject to an inner thrust".

When I receive a new poetic image, I experience its quality of inter-subjectivity. I know that I am going to repeat it in order to communicate my enthusiasm. When considered in transmission from one soul to another, it becomes evident that a poetic image eludes causality. Doctrines that are timidly causal, such as psychology, or strongly causal, such as psychoanalysis, can



hardly determine the ontology of what is poetic. For nothing prepares a poetic image, especially not culture, in the literary sense, and especially not perception, in the psychological sense.

I always come then to the same conclusion: the essential newness of the poetic image poses the problem of the speaking being's creativeness. Through this creativeness the imagining consciousness proves to be, very simply but very purely, an origin.

The question of 'origins' is central to Bachelard's thought; the image is in the deepest sense - original. So much so that the 'true' (not merely, a 'good') image in a sense might be said to 'originate' its reader.

It takes root in us... It becomes a new being in our language, expressing us by making us what it expresses; in other words, it is at once a becoming of expression, and a becoming of our being. Here expression creates being.

Bachelard's thinking is nothing if not radical; and so it is that the poetic imagination which it thinks requires us to forget all learning, and 'break with all habits of philosophical research'. "'Upstream from myself', says the poet; 'Upstream from upstream', says the reverie which looks to go back to the springs of the being."

My interest here is with certain privileged images which capture Bachelard's attention - which he calls images of 'felicitous space', of 'space that has been seized upon by the imagination', of 'intimate space' which suggests to Bachelard the notion of 'topophilia'. My interest in these spaces is not 'literary' in the sense of showing how various poets have praised them, but is with showing what it is about these spaces that makes them so eminently 'praiseworthy'.



One word of warning must apply to Bachelard's statement quoted above, that the imagining consciousness is an origin. It is, I believe, far from being some idealist statement, to the effect that the imagination grants to consciousness the power to inscribe or etch value and meaning upon some tabula rasa that is the world. By 'origin' Bachelard refers more to that source where consciousness and the world most primordially touch one another, a source to which the one who listens may, in speaking of his reverie, return us. "Reverie unites us to the world." In this sense, the images of poetic imagination of which Bachelard speaks are at the same time the 'images of matter'. "Things speak to us", says Bachelard, "and as a result of this fact, if we give this language its full value, we have a contact with things." The things which here speak to us are those spaces - nooks and crannies<sup>1</sup> - which shelter our most intimate day-dreaming, and which speak of the wealth of imagined being in images 'which are in us as much as we are in them'. These are spaces which repose has found to be 'especially conducive situations', rooms which have become abodes for an 'unforgettable past'; spaces which open out a poetics of the house.

"On whatever theoretical horizon we examine it, the house image appears to have become the topography of our intimate being." It is a privileged entity about which images concentrate. The house, as a shelter of daydreams

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<sup>1</sup>"Indeed in our houses we have nooks and corners in which we like to curl up comfortably. To curl up belongs to the phenomenology of the verb to inhabit, and only those who have learned to do so can inhabit with intensity."

is one of the greatest powers of integration for the thoughts, memories and dreams of mankind. The binding principle in this integration is the daydream. Past, present and future give the house different dynamisms, which often interfere, at times opposing, at others, stimulating one another. In the life of man, the house thrusts aside contingencies, its councils of continuity are unceasing. Without it, man would be a dispersed being. It maintains him through the storms of the heavens and through those of life. It is body and soul. It is the human being's first world. Before he is 'cast into the world', as claimed by certain hasty metaphysics, man is laid in the cradle of the house. And always, in our daydreams, the house is a large cradle.

The task of the phenomenologist of the 'home' is to seek out the 'germ of the essential, sure, immediate well-being it encloses'. "In every dwelling, even the richest, the first task of the phenomenologist is to find the original shell". It is in this shell that the images of our daydreams or reverie are concentrated, condensed; in this 'corner of the world' that our past, present and future are gathered together, and at the same time, dispersed.

But our adult life is so dispossessed of the essential benefits, its anthropocosmic ties have become so slack, that we do not feel their first attachment in the universe of the house. There is no dearth of abstract 'world conscious' philosophers who discover a universe by means of the dialectical game of the I and the non-I. In fact they know the universe before they know the house, the far horizon before the resting place; whereas the real beginnings of images, if we study them phenomenologically, will give concrete evidence of the values of inhabited space, of the non-I that protects the I.

The task of a phenomenology of dwelling, then, is to remind us of those values of inhabited space, to say "how we inhabit our vital space... how we take root, day after day, in 'a corner of the world'" and thereby to determine



"the profound reality of all the subtle shadings of our attachment for a chosen spot". Here my task is much more modest: to express the claim that the house is a first or original place, and therefore the house of original things.

Our house is 'our corner of the world'; and from this corner from which we move out "all really inhabited space bears the essence of the notion of home". The oneiric house is characterized by its vectors of verticality and centrality. The vertical: the cellar and the attic; the roof and the eaves and the basement, the 'dark entity of the house, the one that partakes of subterranean forces'. See Jung's illustration of the man who "hearing a suspicious noise in the cellar, hurries to the attic and, finding no burglars there decides, consequently, that the noise was pure imagination. In reality, this prudent man did not dare venture into the cellar."<sup>1</sup> The 'centrality' of the house is expressed by its 'centres of simplicity'; and as an enduring image of this gathered simplicity Bachelard speaks of the hut as the 'tap root of the function of inhabiting'.

It is the simplest of human plants, the one that needs no ramifications in order to exist. Indeed it is so simple that it no longer belongs to our memories - which at times are to full of imagery - but to legend; it is a centre of legend.

Bachelard pursues this image of the hut into 'centres of concentrated solitude', of which the hermit's hut is a particularly deep engraving by the imagination upon the memory. It gives us access to 'absolute refuge', which

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<sup>1</sup>Jung, C. Modern Man in Search for Soul. Quoted in Bachelard (1958) p.19.



beckons as a distant glimmer of light. There are however, countless other primitive lights:

In line with the distant light in the hermit's hut, symbolic of the man who keeps vigil, a large dossier of literary documentation on the poetry of houses could be studied from the single angle of the lamp that glows in the window. This image would have to be placed under one of the greatest of all theorems of the imagination of the world of light: *Tout ce qui brille voit* (all that glows sees) ... The lamp keeps vigil, therefore it is vigilant. And the narrower the ray of light, the more penetrating its vigilance.

If the house is, as Bachelard suggests, "a tool for the analysis of the human soul", it is at the same time, he concedes, one whose use presents singular difficulties.

In short, discussion of our thesis takes place on ground that is unfavourable to us. For, in point of fact, a house is first and foremost a geometrical object, one which we are tempted to analyse rationally. Its prime reality is visible and tangible, made of well hewn solids and well fitted framework. It is dominated by straight lines, the plumb-line having marked it with its discipline and balance. A geometrical object of this kind ought to resist metaphors that welcome the human body and the human soul. But transposition to the human plane takes place immediately whenever a house is considered as a space for cheer and intimacy, space that is supposed to condense and defend intimacy... We shall have to apply ourselves increasingly to studying how, by means of the house, the warm substance of intimacy resumes its form, the form that it had when it enclosed original warmth.

The house encloses 'original warmth'; and it is here that the maternal features of the house come to the forefront.

Within the being, in the being of within, an enveloping warmth welcomes being. Being reigns in a sort of earthly paradise of matter, dissolved in the comforts of an adequate matter. It is as though in this material paradise, the human

being were bathed in nourishment, as though he were gratified with all the essential benefits.

When we dream of the house we were born in, in the utmost depths of reverie, we participate in this original warmth, in this well-tempered matter of the material paradise. This is the environment in which the protective beings live.

But is there not now a clear danger of our 'dreaming of the house that we were born in' becoming an unbridled wallowing in vulgar nostalgia? Bachelard distinguishes between a coarse nostalgia for youth, and a nostalgia for the expressions of youth -

images as we should have imagined them during the original 'impulse of youth'.

And so, beyond all the positive values of protection, the house we were born in becomes imbued with dream values which remain after the house is gone. Centres of boredom, centres of solitude, centres of daydream group together to constitute the oneiric house which is more lasting than the scattered memories of our birthplace. Long phenomenological research would be needed to determine all these dream values, to plumb the depth of this dream ground in which our memories are rooted.

And we should not forget that these dream values communicate poetically from soul to soul... well determined centres of reverie communicate between men who dream as surely as well-defined concepts are means of communication between men who think.

The house that we were born in overflows into the oneiric house, and it is here, in the depths of our reverie, and in the depths of our being, that we are always at an origin. "Through dreams, the various dwelling places in our lives co-penetrate and retain the treasures of former days... 'we always bring our lares with us'." Thus it is that the house shelters the dreamer who dreams the house which shelters him.



The word habit is too worn a word to express this passionate liason... with an unforgettable house... Not only our memories, but the things we have forgotten are 'housed'. Our soul is an abode. And by remembering 'houses' and 'rooms' we learn to 'abide' within ourselves. Now everything becomes clear, the house image moves in both directions; they are in us as much as we are in them...

"The unconscious abides" writes Bachelard. Memories, like childhood, are motionless. "The unconscious is housed. It is well and happily housed in the space of its happiness." "In its countless aveoli space contains compressed time. That is what space is for." The oneiric house becomes a vehicle for the perpetual childhood within us still to dream - and in its reverie ensure that we remain free beings.

The house we were born in is more than an embodiment of home, it is also an embodiment of dreams. Each one of its nooks and corners was a resting-place for daydreaming. And often the resting-place particularized the daydream. Our habits of a particular daydream were acquired there. The house, the bedroom, the garret in which we were alone, furnished the framework of an interminable dream, one that poetry alone, through the creation of a poetic work, could succeed in creating completely. If we give their function of shelter for dreams to all these places of retreat, we may say, as I pointed out in an earlier work, that there exists for each one of us an oneiric house, a house of dream-memory, that is lost in the shadow of a beyond of the real past. I called this oneiric house the crypt of the house that we were born in. Here we find ourselves at a pivotal point around which reciprocal interpretations of dreams through thought, and thought about dreams, keep turning. But the word interpretation hardens this about face unduly. In point of fact, we are in the unity of image and memory, in the functional composition of imagination and memory. The positivity of psychological history and geography cannot serve as a touchstone for determining the real being of our childhood, for childhood is certainly greater than reality. In order to sense, across the years, our attachment for the house that we were born in, dream is more powerful than thought... It is on the plane of the daydream and not of that of facts that childhood remains alive and



poetically useful within us. Through this permanent childhood, we maintain the poetry of the past. To inhabit oneirically the house we were born in means more than to inhabit it in memory; it means living in this house that is gone, the way we used to dream in it.

The unconscious is timeless; the unconscious abides.

Something of what Bachelard means may be suggested by the rather compelling play on words which his translation offers - childhood is the well of being.<sup>1</sup> The well sheltered dreamer, however, does not draw memories and fragments of memories from a personal past located in this or that inhabitation - although he may do this too. Bachelard is most emphatic in his distinction between memories of childhood, and those images of reverie which first opened up the world for us. "Childhood is at the origin of the greatest landscapes. Our childhood solitudes have given us the primitive immensities. By dreaming of childhood we return to the lair of our reveries." The lair of reveries, or the oneiric house, is a motionless zone, for the being of reverie "crosses all the ages of man from childhood to old age without growing old". As our reverie toward childhood deepens so "we root the tree of our destiny more deeply".<sup>2</sup> The memories of the dreamer-toward-childhood, that is, the well-housed dreamer, are not vestiges, traces or those fragments of recollection which Bachelard calls 'frozen shapes'; "they are reborn as rays of being".<sup>3</sup>

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<sup>1</sup>Bachelard, G. (1969) p.114.

<sup>2</sup>Ibid. p.135.

<sup>3</sup>Ibid. p.135.

CHAPTER SEVEN  
CONCERN AND ITS GROUNDS

Ethics and Dwelling

In these chapters which comprise part two of this thesis, I am concerned to show a theorizing whose 'form' and 'content' might serve to inform the practice or discipline of living in a therapeutic community. Such theorizing, it is to be hoped, will help engender a more informed, and a more thoughtful practising. In the course of theorizing that I have pursued, I have acknowledged in particular two informing sources - Aristotle's ethical writings, and Heidegger's writings on 'dwelling'.

The importance of Aristotle to our topic, I believe, is this: that in his ethical writings is opened up a discussion, which remains extraordinarily alive and fresh after nearly two and a half thousand years, of what it is to live 'well'. His discussion is of those conditions and considerations which pertain to a life which is 'fitting' and a life which flourishes; a life which is thoughtful to what is fitting, and attentive to the powers which govern us. If Aristotle is indeed able to show us some of these considerations, or show us what is entailed in finding them for ourselves, is this not to be welcomed? And doubly so in our present circumstances - for we are concerned with the problematics of living well within a therapeutic community, to which people make their way precisely because they are not managing to live well.

In this context, two features of Aristotle's Ethics in particular interest me. Firstly, that movement of inquiry which starts where we are, with what we know, what we can assume - and proceeds towards first things. Aristotle's Ethics starts from and assumes 'common sense' and common sensibility, but soon makes it clear that common sense is not enough - for living well seems to require a wisdom that is rather uncommon. Secondly, then, Aristotle introduces us to the idea of phronesis, or 'practical wisdom'. Phronesis is an intricate and most interesting notion; it conveys connotations of 'savvy', of being 'on the ball', having one's wits about one, and so on, but at the same time it is quite clear that the phronismos is not simply some shrewd opportunist, for phronesis crucially entails a knowledge of what is right and good. But if phronesis is a knowledge, it is not an 'abstract' knowledge - such as nowadays we might call 'theoretical'. On the contrary, it is a knowledge of what the situation we find ourselves in demands of us; it is a knowledge which expresses itself in the right reply, in right action.

A second 'informing source' has been mentioned - Heidegger writings on 'dwelling'. We may readily discern a number of links which lead us from Aristotle's Ethics to Heidegger; Heidegger is in many ways deeply 'Aristotelian'. The Nichomachean Ethics seems to have maintained a compelling attraction for Heidegger, and it seems clear that the discussion of phronesis in Book VI of the Ethics considerably influences Heidegger's thinking of Dasein in Being and Time. It is through this book that the reader is



likely to have made his way to later works which speak of dwelling and 'poetic dwelling'; but my comments in these pages have been restricted to the two essays on dwelling which appear in these later works.

And again, the importance of this notion of dwelling may be quite simply expressed. Our dwelling is where we are, and where we must begin - it is our starting point. It is a starting point where we always already are - for our being is 'dwelling'. If phronesis is an understanding of 'situation' then our most original situation is where - and how - we make ourselves, and find ourselves, 'at home'; where and how we abide; where we stay - and keep coming back to. Heidegger understands such 'situation' as arising only for beings who speak, and disclose Being, whose being within Being is privileged, is a standing in an opening - whose way of being (open to Being) is a staying with, or dwelling.

My emphasis upon the 'discipline' of the therapeutic community as being 'ethical' rather than 'psychological', and upon the foremost place of this ethical practice as being the home or the dwelling rather than the residential treatment centre or unit, serves the purpose of alerting the reader to a consideration of those concerns - or the sort of concern - most befitting a therapeutic community. It would surely be a poor therapeutic community that did not, in some sense or other, 'show concern'. But rather than take this very important fact simply for granted, it is worthwhile asking what it is, to show concern; or perhaps, what it is that concern shows.

De-based Concern

Any 'therapy' or 'therapeutic treatment' - whether it be brain surgery, electro-convulsive therapy, drug treatment, or 'psychotherapy' of one form or another - is predicated upon 'care', 'concern', or 'regard'. This is logically entailed in our understanding of professional conduct; it makes no sense at all for a person engaged in the profession of healing not to take as his final warrant of authority to practice, his considered estimation of what is to the ultimate good of, or in the best interest of, his patient.

Now this concern for the wellbeing of the patient, which must underly any therapy or treatment, carries with it certain implications for the wellbeing of the practitioner. That is, a therapist, who must do what is right, in his considered estimation, for his patient must at the same time be doing what is right for himself. He cannot be treating his patient well, in such a manner as to further their wellbeing, and at the same time, and in the same actions, treating himself harmfully, or in such a manner as to stand in the way of his own well-being. If this were so, he would be implicated with his patient, in a structure of injuriousness. His conduct towards his patient, and towards himself are in an important sense, reciprocal: his own good and the good of his patient belong to a unitary structure. His warrant to practice must reside therefore, not only in his knowingly doing what is right for his patient, but also, and at the same time, knowingly doing what is right for himself. The doctor must take his own medicine.



Questions regarding 'right conduct' - which are implicated in all of medicine but which take up a central position in the field of psychiatry, whose object is interpersonal conduct, how people treat one another - are as we have seen not simply 'theoretical' questions but practical or ethical questions. As such, they directly implicate the being of the person concerned, and not merely his 'theoretical understanding' of what is right and wrong. This existential reference of ethics is brought out in the Greek ēthos, meaning character or spirit, in the sense in which we talk about the 'spirit' of an age, or perhaps the spirit in which a person acts. Ethos, furthermore, means 'habit'; and it is interesting that the word 'habit' has retained its meaning as vestment in the context of persons whose life is lived explicitly as an ethical stance.

The nature of concern, and of the various forms which concern might take lead us, in the first instance, back to ethics. Concern is first of all our own concern. Matters which concern us, inescapably, and such as I have therefore characterized as 'ethical' include questions as to how we conduct ourselves towards one another, how we treat one another - effectively, what we mean to one another. I have suggested that this ethical ground appears ambiguously within the therapeutic community literature. On the one hand, it is not only clearly supposed, but in some cases explicitly thematized. On the other hand, originary concern, simultaneously with its appearing undergoes mutation into the predominant forms which I have referred to as the medicalization and psychologization of concern.



Concern may then be said to have wandered from its home ground. Institutional or psychiatric concern may provide plentiful examples of such errance. The agents of psychiatric practice - except insofar as they may be wholly cynical or ruthless - are of course concerned; they are well-intentioned and carry out their work in good faith. Psychiatric concern is however, for the most part, a privative concern, in the sense that the psychiatrist is ethically apart from his patient. The psychiatrist is not primarily concerned to gesture to his patient a common ground whereupon they might meet, that is, 'simply', as person to person. Nor is he, usually, prepared to consider the possibility that this might be, quite literally his responsibility. Thus those questions which ordinarily arise in the course of discussion of 'psychiatric ethics' (for example, whether brain surgery is ethical, under what circumstances should patients have the right to refuse E.C.T. and so on) are quite secondary to, and may simply smoke-screen the more immediate question of the stance which the psychiatrist embodies or takes up. The psychiatric attitude is predominantly a dis-stance, a disownment of ground; but this claim carries with it no recommendation that the psychiatrist should instead in some way try to 'get close to' his patient, which may be simply another form of violence.

A psychiatrist's typical mode of conduct, predicated upon his considered estimation of what is to the good of the patient, does not, as a necessary and integral structure, entail that movement of radical reflection or reflexivity whereby a person may adopt, in face of the possibilities

before him, that course of action which is to his own good. In absence of a common ground, how may two persons arrive at a common good? The psychiatrist, typically, is not called upon to enter the inner arena, or agon, of 'what is right', at least in this sense: that what is right for the patient has already been worked out, for example, in pharmacological laboratories somewhere, in psychiatric textbooks. The task of the psychiatrist will therefore, to a very great extent, consist in the skilful diagnosis of formal conditions or entities, which diagnoses then directly determine the appropriate treatment - give or take room for the 'connoisseurship' of experienced judgement, the requirements of 'special considerations', and so on. To this criticism, that his treatments, bar the details, always have already been worked out, the psychiatrist will probably have a ready reply. He will say that these objections quite miss the point; for his field precisely is not ethics, but science - and do not all scientists stand on the shoulders of their predecessors? But now, insofar as his case rests upon the evidence for the working concepts of psychiatry, such as the diagnostic entities which its textbooks teach, having been scientifically shown - it is a poor one.

The nominal definition of disease puts the method of investigation over the subject matter, a sure sign of theoretical poverty and technical thinking. It delimits a category by attaching numerical value to questions found within the context of the investigation itself. It thus sets out to investigate an object with an instrument which through its own construction decides in advance just what the object is - a simple case of circularity. With an arrogance born of ignorance, the objections of classical philosophy (Kant,



1781; Hegel, 1837) to the practice of definition without the theoretical labour of producing the concept of the object are consigned to oblivion. What that philosophy banished as a remnant of scholasticism is still flourishing under the name of scientific psychiatry.<sup>1</sup>

A relatively simply and benign instance of a dispossessed ethical ground - and of the medicalization of concern - is illustrated in the case of a person who, suffering grief at the loss of a loved one, and in the absence of anyone else to turn to, finds herself admitted as a psychiatric casualty. Following a psychiatric interview she is accepted for treatment for a 'grief reaction'; the treatment consists of 'sedation', and staff vigilance is recommended in view of the risk of suicide. The shift of ground, whereby suffering grief becomes 'displaying a grief reaction' is, perhaps, subtle; but its significance is considerable. Concern is no longer a matter of standing with this woman in what she may be going through, according to one's sensibilities and tact - which is in a sense doing nothing. Rather, concern now takes the form of treating her for what she is 'suffering from', a quasi-medical diagnostic entity. How many of these entities there now are, and how they change with fashion! Not only do medical-psychiatric interventions such as this, and interventions, too, of a much more serious nature - do violence to common sense and common decency alike; they are unceasingly perpetrated in arrogant dismissiveness of empirical studies

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<sup>1</sup>Heaton, J.M. (1982) p.19. That literature which belongs within the critique of scientific psychiatry is much too extensive to discuss here. Two further references might be suggested as helpful points of departure: Laing, R.D. (1965) and Boss, M. (1979).



which radically question their 'cost-effectiveness'. In many cases it may well be that hospital staff, particularly those of the 'lower orders' have sufficient common sense to override this medical nonsense.

I have already discussed at some length the 'psychologization of concern'. Psychologised concern takes as its object, the mind. It proceeds more or less on the assumption that people become mentally ill, suffer psychological breakdown or go haywire largely insofar as the cogs of the mind start to slip, and insofar, furthermore, as their understanding of its machinations remains obscure. The concern which belongs with psychologism takes the form, for the most part, of treating this deranged organ; again it proceeds as a revealing of what is really going on in our minds and their relational ramifications, whether through mirroring, dramatizing, confronting or explaining. Through reality confrontation we may discover where our perceptual apparatus is disordered, through interpretation we come to realize our lack of insight, and so on. Again, psychologized concern will take a number of different forms, according, as for example, as behaviour therapy differs from the techniques of the growth movement. Behaviour therapy and social skills training are merely the negative versions of psychologization; the mind appears, so to speak, precisely in the mindlessness of its conditionability. The ethos of psychologized concern tends to be, at least within therapeutic communities, this or that form of a pragmatic humanism. Humanistic ethics are very well discussed in Heidegger's 'Letter on Humanism', where the author speaks of the

'poverty' of the existence of 'homo humanus', symptomatic of a 'straying into subjectivity'.<sup>1</sup>

Psychiatric units, psychological or behavioural clinics, 'homes' of one sort or another (mental homes, geriatric homes, childrens' homes) are all in the business of concern. They make it their business to show concern where an original concern has either failed to hold, or perhaps never existed. It is not my present task to discuss these various institutions and their particular structures of concern, but rather to draw attention to the fact that concern may show itself in any of a number of different forms. We might say that these various forms of institutional concern represent so many different isomers of concern; and ask accordingly whether we are entitled to speak of more original forms of concern - and if so, where they might naturally occur.

### The Openings of Concern

One way of approaching the question of 'concern' is by saying that it is a 'feeling' - and that this feeling provides the bedrock upon which any appraisal of concern will be based. Thus interventions of one sort or another will arise where one person arouses this feeling of concern - to do this or that about the situation. Concern, then, is a feeling that we have sometimes and not others, we have for some things and not others. Yet in some ways it is quite

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<sup>1</sup>Heidegger, M. (1978) pp.189-243.



misleading to think of concern as a feeling. Although we may speak of feeling concern at some times and not others, 'feelings of concern' do not ordinarily descend on us, overcome or overwhelm us, like depression, anger, shame or joy. We may have an angry, guilty, depressed or joyful reaction to something, but we do not 'react' with concern; we speak of concern, rather, as a response. Furthermore, we do not speak of a person's susceptibility to feel concern, as we do, for example, of a person's susceptibility to moodiness, or even to 'their emotions'. We speak, instead, of a person's capacity for concern.<sup>1</sup>

Concern is not a feeling state, or gestalt of various feelings. Thus, for example, a person going about his business, and attending to his concerns, does not in so doing experience particular 'feelings of concern' like twinges, pangs or pulsations. Concern is dispositional, and refers to that towards which, and the manner towards which, we are disposed or inclined. Concern is therefore in some ways like interest - where we are said to be interested in something, or something captures our interest we are not experiencing twinges and pangs of some sort, but tend to be taken out of ourselves. But concern is not the same as interest. We talk, for example, of having 'consuming interests' or obsessional interests, yet insofar as we may feel that a person is obsessed or consumed by his 'concern', we probably conclude that this concern is rather peculiar, if not in some way false.

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<sup>1</sup>See Scheler, M. (1973) esp. p.328 ff.



If concern is not simply a feeling, nor even a feeling which prompts us to respond, concern nevertheless may be felt. I may feel the other's concern for me, or the concern that a group of people have for one another, just as surely as I can feel its absence. Accordingly, I am moved to act in this or that way. We may move towards the other, in concern or 'out of' concern, or be moved by the other's concern, and accordingly an area or a ground of concern opens up. Thus where concern refers to that which we feel, it refers at the same time to that domain towards which we feel drawn, which calls or invites us, which opens before us. This domain is neither a private world of inner feelings, nor an objective world to which we have attached certain valencies or attractions, but is first of all that which is opened up between one person and another. Insofar as we find ourselves in a world which matters to us, we have mattered to someone. Concern arises as an opening between, opening upon, out of which a world takes shape; and the 'showing' of concern itself takes the form of 'opening'. But of course, not everything in our world matters equally; the range of our concern will be bounded and regioned in a number of ways. We say, for example, that something is outside our concern, or no longer a concern of ours, no longer of concern to us. These matters which are of our deepest and most abiding concern in a sense define who we are, and speak of what it is that we are 'on about'.

The world of our concern is first of all the world where we make ourselves at home, where we dwell. The

concerns which are our world - our abiding concerns - arise within the always present horizons of birth and death, which may be approached or turned away in many ways. For example our birth may be reduced to a historical event in our past, or death to a demise which will befall us at some time in the future. Whatever way these horizons may be approached, they are by no means extrinsic to, or beyond the everyday concerns of dwelling, i.e. provisioning, nourishing, sheltering, enjoying and suffering - but permeate dwelling in its entirety.

At the same time it must be acknowledged that the everyday concerns of dwelling are in the first instance mundane and 'practical'. They are to do with 'real estate' or 'reality' - with a roof over one's head and under the sky, with walls which bound and shelter and protect. The concerns of dwelling, furthermore, are embedded in, for example, the furnishings of the house - this chair to be fixed, this wall to be painted, fences to repair. The household is of course articulated into a larger socio-economic whole. We keep our home in order, but also step outside it, leave it: no household is 'self-sufficient'. These mundane concerns are accomplished through dwelling's various rituals - rituals of work and play, of sacrament and nourishment, of gathering round the table and the fire, resting and awakening, washing and cleaning, and so on. According to the manner or spirit in which these rituals are performed, the language and context within which they assume meaning, and are recognized, that is, according to the ethos of the house, which begets its particular ambience



and grace, we might speak of the house 'holding together' in some discernible fashion. This holding together is at the same time a 'holding open' of concern.

A dwelling arises as a gathering - a dwelling comes together. A dwelling is also a clearing - that is, an opening-out and a holding open. A dwelling is shaped or takes shape; like a path it traces our intentions. It is shaped by our concerns - what we have time for - and our concern in turn takes shape within the dwelling. A dwelling cannot be organized any more than 'what we mean to one another' can be organized. Within the dwelling are shaped, or articulated, primary structures of concern, first matters which must carefully be brought into view (and in a manner mindful of all the dangers which surround the understanding of first things) prior to any asking whether and in what fashion any particular household or dwelling lives out a concern which is 'therapeutic', or attentive to the needs of people in states of deprivation.

We have seen now therapeutic communities, for the most part, respond to the cry of homelessness - now interpreted as mental illness or psychological disturbance - by the provision of specialized services or consumer packages of one sort or another; and that these various specialized services are proposed as being able to assist or enable patients to master the art of living. These forms of therapeutic concern are examples (and remain more stubbornly so the more psychologically sophisticated and forward thinking they become) of de-based concern, to the extent that they wander from the commonplace, from a human sheltering



whose welcome is immediate and recognizable, from the sureness of home ground, from the familiarity of home-coming. By placing the emphasis of my study upon dwelling, and suggesting that the opening out, in actuality, of what it means to dwell, to be at home, emerges as the theoretical practice we are called upon to enter, rather than the designing of formal activities superimposed upon and presupposing dwelling, I propose no more than the putting of first things first. I argue for a reversal of that movement whereby we arrive at the ludicrousness of the tail wagging the dog.

But what are first things? Dwelling? Dwelling comes first in the sense that the dwelling is an 'original' or first - central - place; a place or origins. Dwelling comes first, too, in the sense that our being is 'dwelling'; we dwell in the neighbourhood of being - and Being comes first. It is utterly in keeping with the argument of this thesis that it should align itself with those informing sources which speak for the priority of Being; which raise questions of Being and of our way of being, and being with one another, questions which the clamour of functioning is still unable to drown. But at this point I must introduce one further informing source - one which distinguishes radically between the truth which is the unconcealment of Being, and the truth which is justice. By way of attempting to paraphrase an argument which stubbornly resists paraphrase, I shall introduce the provocations of Emmanuel Levinas. In deference to some degree of continuity, I shall place Levinas' discussion of 'dwelling' rather centrally; and yet to arrive

at this notion it is necessary to prepare the way. For now we are required to rethink our thinking of ground; not because it is incorrect, but because it forces thinking further.

### Economy and Exteriority

'Dwelling' occupies as central a place in the philosophical writings of Emmanuel Levinas as it does for Heidegger. And one even finds in the writing of Levinas statements as to the nature of dwelling which might have 'come straight from' Heidegger. For each of these thinkers, 'to exist means to dwell'. From this, however, it would be quite wrong to conclude that there are not fundamental differences and points of disagreement between these two thinkers; differences which are so far reaching as to prohibit any easy reconciliation by regarding their respective accounts of dwelling as being simply different perspectives upon the same phenomenon. It is Levinas' explicit claim that that which instigates his thinking cannot be brought into 'perspective'; the entire movement of his thought runs counter to the ocular-centrism - the 'primacy of the panoramic' - which as, he insists, dominated the western metaphysical tradition.

In my introduction to the notion of 'dwelling' as it is discussed by Levinas I shall limit myself to the line of thought which is developed in 'Totality and Infinity',<sup>1</sup>

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<sup>1</sup>Levinas, E. (1969). All of the following extracts are taken from this work, except where otherwise indicated.

subtitled, 'An Essay in exteriority'. It will first of all be necessary to indicate what Levinas means by 'exteriority' and 'interiority'; the fact of the latter term's being used synonymously with 'economy' already alerts us to the importance which is attached to the domain of the home.

And yet the reader who first acquaintances himself with Levinas' writings is likely to find himself feeling less than 'at home' with the ideas he discovers there; he is, on the contrary likely to find himself singularly confused and disoriented. Levinas' work does indeed, as is suggested by Blum, present 'special difficulties' for the interpreter. "His style is evocative rather than expository and his thought does not develop through a series of carefully reasoned arguments but rather by semi-poetic, rhapsodic and grammatically elusive meditations around certain central intuitions or metaphors...".<sup>1</sup> Levinas, Blum reminds us, is French.

Levinas' style, however, is not a simple matter of personal idiosyncrasy, expressing the natural flamboyance of one given to gnomic utterance, which resists any concession to the reader's logical tastes. The difficulties of his style, and the radical otherness of the work, are intrinsic to the matter which he is thinking. The entirety of Totality and Infinity is addressed to a thinking of the Other. The term which Levinas gives to this Other, and which already suggests an other which cannot be seen from the side - one in a line of profiles - or crept up upon from behind, that

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<sup>1</sup>Blum, P.P. (1982).



is, observed and objectified, is the Face. The other who faces us, who addresses us, makes claim upon us in calling for reply - the other of whom the experience is given in the 'face to face' is the subject of Levinas' meditation, that which Levinas proposes to think. And it is precisely the face which resists thinking.

Bernasconi has suggested that Levinas' thinking may correspond to what Hegel refers to as speculative thinking.

I would suggest that we think of Levinas' thinking of the face, as a speculative thinking, and I would propose that speculative thinking maintains the face to face, is proper to it, much as poetry is proper to dwelling in Heidegger. In so doing I am drawing on a distinction between speculative and dialectical thinking in Hegel, a distinction for which there is only slight authorization and whose justification is simply that we need it.<sup>1</sup>

What is speculative thinking? Bernasconi suggests that a clue may be given in Hegel's criticism of those who complain that philosophy books must be read again and again, for here "he is making the point that if we are held by the proposition, so that we read it again and again, we stay with what is being spoken about". Thinking is disturbed.

Because thinking is disturbed it does not pass on or become engaged in arguing; it stays with the content... The thinking subject finds itself held by what is being said. We know nothing more mobile than thinking, but in the speculative it is brought to a stand without its activity being diminished... Speculative thinking is without resolution or fulfilment.

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<sup>1</sup> Bernasconi, R. (1982).

The face to face, in Levinas, is not equivalent to what more usually is called the relationship between self and other, for it is precisely the otherness of the other which ensures that the face to face may not be reduced to a relationship. It is an 'ultimate situation', a 'relation without relation'. Thus, first of all, the same and other of the face to face is not reducible to an oppositional structure of complementary terms; such is the radical otherness of the other that he and I do not form a system, we are not equals, we are not relations nor are we merely different as chalk and cheese. Rather, between us there is an absolute difference. It is not a dialectical relationship where self and other might mutually define one another; the existence of each is independent of the sphere of the other. Furthermore, this separation of face to face cannot be united by the gaze of a third person - it cannot be included within a totality. The pre-occupation of Western philosophy with totality - the view of the whole (and here Levinas includes Heideggerian 'Being') - destroys the alterity of the other. In Totality and Infinity - expressing the infinitizing rather than the totalizing - is articulated the breach of totality, the separation, the distance which makes it impossible to unite the face to face under a single gaze. The absolute distance which separates the same and other cannot be filled in. The 'inequality' does not appear to the third party who would count us; it cannot be recounted, since in telling it to another it is re-established. This inequality



precisely signifies the absence of a third party capable of taking in me and the other, such that the primordial multiplicity is observed within the very face to face that constitutes it. It is produced in multiple singularities and not in a being exterior to this number who could count the multiples. The inequality is in this impossibility of the exterior point of view, which alone could abolish it.

And secondly, at the same time as the other's existence is radically independent of me, is unequal, irreducible to my comprehension or grasp, beyond the reduction of difference which is the totalizing process, the other who resists my powers of conceptualization exerts an absolute moral claim upon me. The face is the way in which the other presents himself 'which exceeds the idea of the other in me'; in its irreducibility to the same it reveals the impotence of totalization. But what Levinas calls the Epiphany of the Face is ethical, and reveals at the same time, or rather first of all, the injustice of totalization. Thus, of Totality and Infinity, Levinas writes:

The establishing of this primacy of the ethical, that is, of the relationship of man to man - signification, teaching, and justice - a primacy of an irreducible structure upon which all other structures rest (and in particular all those which seem to put us primordially in contact with an impersonal sublimity, aesthetic or ontological), is one of the objectives of the present work.

Levinas reverses the order whereby a 'metaphysics grounds an ethics; rather "The Other is the very locus of metaphysical truth". The face expresses this ethical priority, it makes a claim on me, summons me, calls me to my responsibilities. "The face opens the primordial discourse whose first word is obligation." In speaking of the face not



as a (visual) disclosure but as a revelation in which truth is expressed, an epiphany and an injunction, Levinas refers to the 'Good which is beyond Being' of the Republic. To see the Good (to receive the other) is to reply. Unexpectedly, in view of his insistent non-perspectivism, non-ocularism, Levinas expresses this in the form: Ethics is an optics. This 'optics' refers to an immediate or non-mediate 'seeing'; what in Aristotle's Ethics is a seeing of the situation becomes in Levinas a seeing of the Other, a seeing which cannot help but reply. But the face that we see is no image. To hear the destitution of the other,

which cries out for justice is not to present an image to oneself, but is to posit oneself as responsible, both as more and as less than the being which presents itself in the face. Less, for the face summons me to my obligations and judges me. More, for my position as I consists in being able to respond...

Levinas writes that

the differences between the Other and me do not depend on different properties that would be inherent in the 'I', on the one hand, and, on the other hand, in the Other, nor on different psychological dispositions which their minds would take on from the encounter. They are due to the I-Other conjuncture, to the inevitable orientation of being 'starting from oneself' toward 'the Other'. The priority of this orientation over the terms that are placed in it (and which cannot arise without this orientation) summarizes the theses of the present work.

We may now briefly consider this orientation starting with the 'starting from oneself', and noting particularly what bearing this orientation may have upon 'dwelling'.

## Interiority

We have seen that Levinas' thinking runs counter to those tendencies of 'totalization' whereby same and other may be included within the same panoramic perspective, in its uncompromising conception of the alterity of the other and of the 'absolute distance' which separates the other from the same. From the otherness of the other we now turn to the sameness of the same.

The alterity, the radical heterogeneity of the other is possible only if the other is other with respect to a term whose essence is to remain at the point of departure, to serve as entry into the relation, to be the same not relatively but absolutely. A term can remain absolutely at the point of departure of relationship only as I.

The way of the 'I', or the self is a way of 'making itself' which is 'identifying itself'. "The I...is the being whose existing consists in identifying itself, in recovering its identity throughout all that happens to it..." This mode of being constitutes the 'unrendable identity of the I and the self'. The 'I' identifies itself as the same not only in living the tautology 'I am I', but as a manner of being - at home with myself. "The way of the I against the 'other' of the world consists in soujourning, in identifying oneself by existing here at home with oneself." The notion of self which Levinas invokes is strongly reminiscent of Kierkegaard. In his notion of 'beginning' (particularly in his earlier works) he stresses the self's relation with itself which it is compelled to maintain, as though we are on a trip "where one always has to look after one's baggage, baggage left behind or baggage one is

waiting for"; to be is to be "unable to turn back, it is to set sail and cut the moorings".

There is a duality in existence, an essential lack of simplicity. The ego has a self, in which it is not only reflected, but with which it is involved like a companion or a partner; this relationship is what is called inwardness... Existence casts a shadow, which pursues it tirelessly.

Existence is 'burdened with itself'. "Its movement of existence which might be pure and straightforward is bent and caught up in itself, showing the verb to be a reflexive verb: it is not just that one is, one is oneself (on s'est)." Ours is a perpetual birth.

The identification of the same which is the way of the self - which starts from itself - is also a separation of the same.

The separation of the same is produced in the form of an inner life, a psychism.... Separation is the very act of individuation, the possibility in general for an entity which is posited in being to be posited not by being defined by its references to a whole, by its place within a system, but starting from itself. The fact of starting from oneself is equivalent to separation. But the act of starting from oneself and separation can be produced in being only by opening the dimension of interiority.

Psychism, interiority, articulates separation, a breach of totality - a breach of totality accomplished by an egoic self-identification and reduction of other to same which is the totalizing process par excellence. Interiority articulates separation; separation which is the ipseity of the self be-ing itself, a self whose way of being, as egoity, is to constitute itself as being, as a beginning.



The work of separation, that is the upsurge of the I which articulates itself as identification of the same, is accomplished as enjoyment. Enjoyment snuggles out a hollow for itself in the plentitude of being - from which it now no longer 'participates'. It hollows out interiority, the egoic shell of psychism, surrounds itself, and casts off... Enjoyment actualizes the separation of same for a being who is 'at one with' in finding itself at home with itself. "For the I to be means to enjoy something... In enjoyment I am absolutely for myself. Egoist without reference to the Other, I am alone without solitude, innocently egoist and alone." Enjoyment is the pulse, the 'very eddy of the same'. To be an I is to enjoy what, in separation, is lived off.

The movement to self in enjoyment and happiness marks the sufficiency of the I, although the image we have used of the spiral that coils over itself does not enable us to depict also the enrootedness of this sufficiency in the insufficiency of living from...The I is, to be sure, happiness, presence at home with itself. But, as sufficiency in its non-sufficiency, it remains in the non-I; it is enjoyment of 'something else', never of itself. Autochthonous, that is, enrooted in what it is not, it is nevertheless, within this enrootedness, independent and separated. The relationship of the I with the non-I produced as happiness which promotes the I consists neither in assuming nor refusing the non-I. Between the I and what it lives from there does not extend the absolute distance which separates the same from the other. The acceptance or refusal of what we live from implies a prior agreement (agrément), both given and received, the agreement of happiness. The primary agreement, to live, does not alienate the I but maintains it, constitutes its being at home with itself.

"In enjoyment throbs egoist being. Enjoyment separates by engaging in the content from which it lives. Separation comes to pass as the positive work of this engagement... to be separated is to be at home with oneself." In enjoyment is opened up interiority, but not added as an attribute to a subject now endowed with conscious life. "The interiority of enjoyment is separation in itself, is the mode according to which such an event as separation can be produced in the economy of being."

The individuation of the same occurs from within.

In the happiness of enjoyment is enacted the individuation, the autopersonification, the substantialization, and the independence of the self... Enjoyment is the very production of a being that is born, that breaks the tranquil eternity of its seminal or uterine existence to enclose itself in a person, who in living from the world lives at home with itself.

The paradigm, perhaps, of what Levinas calls 'living from...' is eating. Nourishment, to be sure, entails a transmutation of the other into the same, an incorporation of the other of the world. This transmutation of the other into the same is the essence of enjoyment, and "all enjoyment is in this sense alimantal". However this does not so far capture the fuller meaning which Levinas attaches to 'living from...'. For not only are we nourished by the contents of what we eat; but this relish with which we eat, too, is a content which equally is nourishing. "Enjoyment is precisely this way the act nourishes itself with its own activity." Our life is a consciousness of consciousness which is not a reflection or a self-consciousness, but



enjoyment. Life is a love of life. Even suffering loves the being to which it is riveted. One minute more, Mr Hangman!

Eating is not mere replenishment, but a way of feeling re-invigorated, of enjoying one's own vitality.

Nowhere in the phenomenal order does the object of an action refer to the concern for existing; it itself makes up our existence. We breathe for the sake of breathing, eat and drink for the sake of eating and drinking, we take shelter for the sake of taking shelter, we study to satisfy our curiosity, we take a walk for a walk. All that is not for the sake of living; it is living... It is in times of misery and privation that the shadow of an ulterior finality which darkens the world is cast behind the object of desire. When one has to eat, drink and warm oneself in order not to die, when nourishment becomes fuel, as in certain kinds of hard labour, the world also seems to be at an end, turned upside down and absurd, needing to be renewed. Time becomes unhinged.<sup>1</sup>

Not all modes of reducing alterity are equivalent. In need, the other is reduced to the same, and irrevocably altered by this reduction. Eating is the paradigm example. Eating is an 'innocent' action, or cohesion of enjoyment with exteriority, nevertheless, whereby the human being thrives on and is happy for his needs. Representation is a reduction of other to the same which leaves the other unaffected, in making intelligible. It is the surrendering of exteriority to thought, in which occurs the disappearance, within the same, "of the I as opposed to the non-I".

One important image with which Levinas chooses to illustrate egoic interiority is that which occurs in The Republic, of Gyges' ring - whose wearer, being invisible,

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<sup>1</sup>Levinas, E. (1968) pp.44-45.



is able to perform injustice with impunity. A rather more contemporary image of Gyges' situation is provided by the locked cubicle of the pornographic peep-show. There are many ways in which the situation of western man, who looks out onto the spectacle of the world for his enjoyment, is that of Gyges. From a position of invisibility and non-accountability he represents to himself a world which he in turn uses, manipulates and controls, accumulating power and exploiting resources to maintain his comforts. Separation is a break with participation; it is "to see without being seen, like Gyges...The myth of Gyges is the very myth of the I and interiority, which exist non-recognized". Gyges is a being who no longer participates, who draws from itself its own existence - and a being for whom the world is a spectacle, and a spectre. "Gyges ring symbolizes separation. Gyges plays a double game, an presence to the others and an absence, speaking to 'others' and evading speech; Gyges is the very condition of man, the possibility of accepting the rules of the game, but cheating."

The security of a separated being, enjoying interiority, does not go unthreatened or unperturbed. Two sources of disturbance in particular present themselves, corresponding to two dimensions of lack, which may be designated by the domains of need and desire; of these, only need is capable of satisfaction. Desire desires beyond everything that could complete it. "The desired does not fulfil it, but deepens it."

In need, the alterity of the other of the world is surmounted - a world upon which need depends. The insecurity

of the world upon which need feeds is expressed by the elemental, whose darkness, formlessness resists possession and assimilation. The elemental is the backdrop from which things we enjoy come to us; it is the sea, the sky, the sun, the air, the night - against which the interiority of enjoyment offers shelter, and need finds satisfaction in the precipitation of objects of representation and things of enjoyment. The pursuit of labour and working over enables us to realize the security in which the 'other' of the elemental would be revealed as the same and need which is our dependence on the other, be satisfied. But our sheltering within the elemental remains troubled. "Enjoyment, as interiorization, runs up against the very strangeness of the earth." "Faceless gods... mark the nothingness that bounds the egoism of enjoyment in the midst of its familiarity with the element." The elemental comes from 'nowhere', its source is radically foreign, and flows from the anonymous nocturnal dimension of the il y a or the there is, from the horror of which the contentment of enjoyment, and indeed the occularism of light, perspective, vision, comprehension and the panoramaism of totalization attempts to deliver us.

The il y a is the unsee-able which announces itself as 'the anonymous rustling of existence', from whose watching in insomnia we are unable to withdraw by taking refuge in ourselves; from which even the drastic egoism - and enjoyment - of sleep finally is unable to lull us. The frontier of the anonymous night which watches represents the pagan, facelessness of separation.



And yet it is precisely separation, and the finality of separation whereby the self casts off its moorings in being, by identifying itself as same, which makes possible the awakening of the Other in desire, that is, transcendence. Desire, unlike need, which is a 'sinking of one's teeth into the real', a satisfaction in assimilating the other, admits of no satisfaction, but offers 'an uncharted future before me'. Desire, which is the mode in which we experience the other, thus opens time - indeed reminds us that need's time is borrowed. "Human need rests on desire." We arrive at the especial peculiarity of separated being. Precisely in the movement of separation, whose interiorizing produces a being absolutely - not relatively - closed over upon itself, "within the very interiority hollowed out by enjoyment there must be produced a heteronomy that incites to another destiny than this animal complacency in oneself... Interiority must be at the same time closed and open". "In the separated being the door to the outside must be at the same time open and closed."

### Exteriority

The self, for Levinas, is beginning; and his thinking begins with the self. The entirety of its argument, however, is concerned to show that philosophy does not end with the self. The very nature of the self which identifies itself as the same requires a response to that which is exterior, utterly beyond it - the 'absolutely other' who is the Other.



The movement of separation - notwithstanding the seriousness of its radical closedness (denoted in Levinas by 'atheism') establishes a starting point for 'another destiny'. The egoic shell which enjoyment hollows out - that is, interiority - makes possible a relation with that which is quite other than itself, independent of itself. "The face to face is established starting with a point separated from exteriority so radically that it maintains itself of itself, is me." This 'I' is "the mode in which the break up of totality, which leads to the presence of the absolutely other, is concretely accomplished". The alterity that belongs to the essence of the other is visible only from an I. But if separation is needed for exteriority - as a point of departure for alterity - the movement of separated being towards exteriority is not the reversal of separation - the return to the one. For the Other is the infinite being; the movement of separation is not on the same plane as that of transcendence.

But the infinity of the other tells us that the image of separation as a 'point of departure' is misleading; for if the other is accessible only from a 'me', requires a me, that is a separated self - "the light of the face is necessary for separation". The 'light of the face' which provokes separated being, sets separated being on its way "not by some force of opposition and dialectical evocation, but by the feminine grace of its radiance" Levinas calls the idea of infinity.

This very intricate and paradoxical notion, the 'idea of infinity' plays a central part in Levinas' thinking.

Very briefly, it bears upon the way in which a separated being can entertain the idea of what is absolutely other - without compromising this separation, or this otherness. The idea of infinity arises from that most paradoxical 'relation' between same and other, in which the separated being turns out to contain in itself more than it can contain; it suggests an overflowing, but one for which no image of vessels is adequate. The 'grace' of the idea of infinity allows us to speak of the 'infinite being' being 'present' within totality. The separated being initiates itself, is its own beginning (hence it is 'arbitrary') yet it does not, and could not originate the idea of infinity, which it receives, which is 'placed' in it.

It is the idea of infinity which allows Levinas to propose that

The interiority that ensures separation (but not as an abstract rejoinder to the notion of relation) must produce a being absolutely closed over upon itself, not deriving its isolation dialectically from its opposition to the Other. And this closedness must not prevent egress from interiority, so that exteriority could speak to it, reveal itself to it...

The idea of the infinite is very substantially influenced by the discussion of the Idea of God in Descartes third meditation. The relation between interiority and exteriority, writes Levinas, "where the transcendence of the relation does not cut the bonds a relation implies, yet where these bonds do not unite the same and the other into a whole, is in fact fixed in the situation described by Descartes, in which the 'I think' maintains with the infinite it can nowise contain and from which it is



separated a relation called 'idea of infinity'. This idea of infinity which reveals the I and the infinite without merging them "revealing them as two distinct moments of evidence mutually founding one another, characterizes the very meaning of separation". "Descartes discovers a relation with total alterity irreducible to interiority which nevertheless does not do violence to interiority." The idea of infinity, that is, the appearance of the other in us suggests an overflowing; yet it is an overflowing that exceeds its own image, that is, which the image of a liquid overflowing a vessel does not describe.

The idea of infinity, the infinitely more contained in the less, is concretely produced in the form of a relation with the face. And the idea of infinity alone maintains the exteriority of the other with respect to the same, despite this relation. Thus a structure analogous to the ontological argument is here produced: the exteriority of a being is inscribed in its essence. But what is produced here is not a reasoning, but the epiphany that occurs as the face.

The alterity of the other now has been alluded to in various ways. The other who exceeds the idea of him in me by an infinite distance appears before us as unmediated - as the face to face - necessarily beyond the grasp of thought. But the self cannot not think the infinite, since the idea of infinity is autochthonous with separated being - which therefore - thinks more than it thinks. The face cannot be comprehended, thought, possessed, or otherwise assimilated to the same. It resists assimilation or possession - not through the enormity or unsurmountability of possession's task, as the mountain resists my powers to climb it or the stars in the immensity of space exceed my reach. Levinas



speaks of the 'ethical resistance' or non-resistance of the face which speaks to us (for the face is simultaneous with language) and in its expression resists the violence of possession "not with a very great resistance, with something absolutely other...". "The expression the face introduces into the world does not defy the feebleness of my powers, but my ability for power... The face speaks to me and thereby invites me to a relation incommensurate with a power exercised, be it enjoyment or knowledge." In the 'infinite resistance to murder', which tells in the 'total nudity of his defenceless eyes', in his face, in his primordial expression, is his first word: You shall not commit murder.

The alterity of the other, therefore, is further illustrated by his non-equality or asymmetry of height. The other is not my equal. Intersubjective space displays a 'curvature' which 'inflects distance into elevation'; exteriority states itself, commands, speaks from a height and a lowliness - from a 'glorious abasement' whereby the other is 'nearer to God', than myself. Were it not for this dimension of height, a further articulation of separation, we would not be able to look at the other without 'burning our eyes'. "In the dimension of height in which his sanctity, that is, his separation is presented, the infinite does not burn the eyes that are lifted unto him."

The face is not sensible; it is disincarnate and does not belong within the sensibility of enjoyment or vision. Vision is contrasted with discourse, and it is discourse which eventuates the relation with the other. The vision

of the face is not the 'plastic image' of appearance, but speaks in an offering which is language, the 'primordial donation'. The essence of language is the relation with the other, which consists in speaking the world to the other. The face - expression - opens the primordial discourse, in soliciting a welcome and a response. "The face, pre-eminently expression, formulates the first word; the signifier arising at the thrust of his sign, as eyes that look at you." But the expression of the other, which is language, does not 'bridge' the distance of separation; on the contrary, speech both proceeds from absolute difference and establishes absolute difference. Language is precisely the manner in which the self may be with another, without reducing him to what he is not, that is, while still leaving his otherness intact. The transcendent relation which is language is not to be thought of as a union with the infinite, the transcendent, with the other who addresses, where language is the medium of participation. The transcendence of egoism is not a puncturing of the egoic shell by the pointedness of language, but a calling from an asymmetry of height which brings egoism into question, into account, into responsibility, to which only an I can respond.

Conversation, from the very fact that it maintains the distance between me and the Other, the radical separation asserted in transcendence which prevents the re-constitution of totality, cannot renounce the egoism of its existence; but the very fact of being in conversation consists in recognizing in the Other a right over this egoism, and hence in justifying oneself. Apology, in which the I at the same time asserts itself and inclines before the transcendent, belongs to the essence of conversation.



It is clear that the advent of the other introduces a change of situation which is not simply the socializing of a delinquent ego, or the dissolution of monadism in the pluralism of company. The ethical relation, a relation "with a reality infinitely distant from my own reality, yet without this distance destroying this relation, and without this relation destroying this distance" does not become "an implantation in the other and a confusion with him". The relation does not add the dimension of 'others', but witnesses an essential metastasis from sorcery to reality, or from phenomenality to being, which is a breaking through the screen of appearances. The face of the other does not offend or curtail the freedom of autonomous, separated being; it calls it to responsibility and founds it. It is - despite its separation, its ipseity, its autonomy - by virtue of the relationship with the other, or the idea of infinity - that man, "withdrawn from the elements; recollected in a home, represents a world to himself". But at the same time, it is because of this relation, because of the other that "man does not permit himself to be deceived by his glorious triumph as a living being, and unlike the animal can know the difference between being and phenomenon, can recognize his phenomenality, the penury of his plenitude...". Levinas accuses Heidegger of a comprehension which subordinates the relationship with the Other to the relation with being in general. On the contrary, argues Levinas it is the relation with the Other which commands Being. "Being is enacted in the relation between men." Being is exteriority.



"As long as the existence of man remains interiority it remains phenomenal. The language by which a being exists for another is his unique possibility to exist with an existence that is more than his interior existence."

### Dwelling

The dwelling is spoken of by Levinas as a concretization of separation, where dwelling is the very mode of maintaining oneself. To be separated and to dwell somewhere are equivalent, separation is produced positively in the localisation of dwelling. 'Separation is an economy.'

To separate oneself, not to remain bound up with a totality, is positively to be some-where, in the home, to be economically. The 'somewhere' and the home render egoism, the primordial mode of being in which separation is produced, explicit.

The home is the 'first concretization' - and one through which the world is seen. From the intimacy of the home arises the objective world; "concretely speaking, the dwelling is not situated in the objective world, but the objective world is situated by relation to my dwelling".

The dwelling elaborates the withdrawal from the elements in immediate enjoyment, and opens an orientation towards the future which is suggested by the notion of 'recollection'. Recollection, concretized as dwelling, takes further that hollowing out of interiority by 'enjoyment', in a suspension of immediacy. In the 'recollection of itself' of separated being "produced concretely as habitation in a dwelling or a home" a

postponement, or a delay, arises. Levinas speaks of the 'extra-territoriality' which makes the interiority of the home 'in the midst of the elements of enjoyment with which life is nourished' - as a 'delightful lapse' in the ontological order. The dwelling is a 'perpetual postponement' overcoming the insecurity of life (by sheltering from the elements, preparing for the morrow by establishing labour and possession). "The domiciled being... accords itself a delay." Recollection is a 'having time' - to be conscious - to exist recalled - 'is precisely to have time'. Recollection "designates a suspension of the immediate reactions the world solicits..."; in the home, which concretizes recollection, "immediate enjoyment is ajourned and delayed", and the 'plenum of the elements' is broken "in opening in it the utopia in which the I recollects itself in dwelling at home with itself". The pause of dwelling, recollection, resembles a recouler pour mieux sauter; the notion of taking stock may be appropriate in the light of Levinas' discussion of dwelling and possession; for the dwelling is the primary appropriation, and condition for all property, all possession, all labour.

The privileged role of the home does not consist in being the end of human activity but in being its condition, and in this sense its commencement. The recollection necessary for nature to be able to be represented and worked over, for it to first to take form as a world, is accomplished as the home. Man abides in the world as having come to it from a private domain, from being at home with himself, to which at each moment he can retire. He does not come to it from an intersideral space where he would already be in possession of himself and from which at each moment he would have to recommence a perilous landing. But he does not find himself brutally cast forth and forsaken in the world. Simultaneously without and within, he goes forth



outside from an inwardness (intimité). Yet this inwardness opens up in a home which is situated in that outside.

The habitation, or the dwelling is a break, a delay, a lingering, an epochē, a moment which hovers, as a meditation or recollection, and which affords a distance between the elements and the I, and the I and its future. This opening, or space of recollection is characterized by the gentleness and warmth of its intimacy - a warmth or gentleness which comes from the upsurge of another, who is the feminine being.

That the gentleness in which recollection is lived is not simply a decoration produced by the separated I, is suggested where the field of intimacy is characterized by its hospitality and welcome. "The interiority of recollection is a solitude in a world already human. Recollection refers to a welcome." It is this inhabitant that inhabits the essential interiority of the home, the 'welcoming one par excellence, welcomes in itself' that Levinas refers to as the feminine being.

By the feminine being Levinas explicitly and clearly does not refer to the empirical woman, nor to the 'role of woman'. He speaks of the feminine, in his analysis, as 'one of the cardinal points on the horizon in which the inner life takes place', and of the 'dimension of femininity' which remains open within the dwelling, as its very welcome. Feminine alterity is not transcendence and language, but yet is a revelation in which the presence of the other is revealed, simultaneously with this presence "in its



withdrawal and in its absence", a simultaneity which "is the very essence of discretion". The feminine alterity is

situated on another plane than language and nowise represents a truncated, stammering, still elementary language. On the contrary, the discretion of this presence includes all the possibilities of the transcendent relation with the Other.

The Other who welcomes in intimacy is not the you (vous) of the face that reveals itself in a dimension of height, but precisely the thou (tu) of familiarity: a language without teaching, a silent language, an understanding without words, an expression in secret. The I-Thou in which Buber sees the category of interhuman relationship is the relation not with the interlocutor but with feminine alterity.

In dwelling we are referred to welcome, to possession, and finally to gift, or hospitality - where what is possessed is the world, and what is given is the word which speaks it. The dwelling breaks with natural existence, in a fashion which leaves the separated being 'circulating between visibility and invisibility', answering to a silent language. But this separation does not mark the dispersal of the elements, but rather makes possible, through labour, their appropriation or possession. The two organs whereby this appropriation primarily is affected are the eye and the hand.

In the 'eye' we allude to the ambiguities of distance whereby the separated being, in taking up its habitation, is separated from the elements. The eye of the inhabitant is symbolized by the window, which is the way in which dwelling is open upon that from which it separates.

The ambiguity of distance, both removal and connection, is lifted by the window that makes possible a look that dominates, a look of him who escapes looks, the look that contemplates. The elements remain at the disposal of the I, to take or to leave. Labour will hence forth draw things from the elements and thus discover the world.... With the dwelling the latent birth of the world is produced.

With the hand, the grasp, of labour, a domain is opened up which is no longer enjoyment, sensibility, but mastery, domination, disposition.

An organ for taking, for acquisition it gathers the fruit but holds it far from the lips, keeps it, puts it in reserve, possesses it in a home. The dwelling conditions labour.

The access to the world is produced in a movement that starts from the utopia of the dwelling and traverses a space to effect a primordial grasp, to seize and to take away. The uncertain future of the element is suspended. The element is fixed between the four walls of the home, is calmed in possession. It appears there as a thing, which can, perhaps, be defined by tranquility - as a 'still life'. This grasp operated on the elemental is labour.

Every manipulation of a system of tools and implements, every labour, presupposes a primordial hold on things, possession, whose latent birth is marked by the home, at the frontier of interiority. The world is a possible possession, and every transformation of the world by industry is a variation of the regime of property. Proceeding from the dwelling, possession, accomplished by the quasi-miraculous grasp of a thing in the night, in the apeiron of prime matter, discovers a world.

Possession - which now burdens the hand that possesses - is called into question by the Other.

But in order that I am able to free myself from the very possession that the welcome of the Home establishes, in order that I be able to see things in themselves, that is, represent them to myself, refuse both enjoyment and possession, I must know how to give what I possess. Only thus could I situate myself absolutely above my engagement in the non-I. But for this I must



encounter the indiscreet face of the Other that calls me into question. The Other - the absolutely other - paralyzes possession, which he contests by the epiphany in the face. He contests my possession only because he approaches me not from the outside but from above. The same can not lay hold of this other without suppressing him. But the untraversable infinity of the negation of murder is announced by this dimension of height, where the Other comes to me concretely in the ethical impossibility of committing this murder. I welcome the Other who presents himself in my home by opening my home to him.

The calling in question of the I, co-extensive with the manifestation of the Other in the face, we call language.

The relationship with the Other is not produced outside of the world, but puts in question the world possessed. The relationship with the Other, transcendence, consists in speaking the world to the Other. But language accomplishes the primordial putting in common...it is the offering of the world to the Other. Transcendence is not a vision of the Other, but a primordial donation...The 'vision' of the face is inseparable from this offering language is. To see the face is to speak of the world.

To recognize the Other is therefore to come to him across the world of possessed things, but at the same time to establish, by gift, community and universality. Language is universal because it is the very passage from the individual to the general, because it offers things which are mine to the Other. To speak is to make the world common, to create commonplaces. Language lays the foundations for a possession in common. It abolishes the inalienable property of enjoyment. The world in discourse is no longer what it is in separation, in the being at home with oneself where everything is given to me; it is what I give: the communicable, the thought, the universal.... The relationship between the same and the other, my welcoming of the other, is the ultimate fact.

### Dwelling and Hospitality

My discussion of 'Concern and its Grounds' culminates in this expression by Levinas that hospitality is the very essence of the home. It is first of all worth quoting the following passage in full:



But the transcendence of the face is not enacted outside of the world, as though the economy by which separation is produced remained beneath a sort of beatific contemplation of the Other (which would thereby turn into the idolatry that brews in all contemplation). The 'vision' of the face as face is a certain mode of soujourning in a home, or - to speak in a less singular fashion - a certain form of economic life. No human or interhuman relationship can be enacted outside of economy; no face can be approached with empty hands and closed home. Recollection in a home open to the Other - hospitality - is the concrete and initial fact of human recollection and separation; it co-incides with the Desire for the Other absolutely transparent. The chosen home is the very opposite of a root. It indicates a disengagement, a wandering (errance) which has made it possible, which is not a less with respect to installation, but the surplus of the relation with the Other, metaphysics.

But the separated being can close itself up in its egoism, that is, in the very accomplishment of its isolation. And this possibility of forgetting the transcendence of the Other - of banishing with impunity all hospitality (that is, all language) from one's home, banishing the transcendental relation that alone permits the I to shut itself up in itself - evinces the absolute truth, the radicalism, of separation. Separation is not only dialectically correlative with transcendence, as its reverse; it is accomplished as a positive event. The relation with infinity remains as another possibility of the being recollected in its dwelling. The possibility for the home to open to the Other is as essential to the essence of the home as closed doors and windows. Separation would not be radical if the possibility of shutting oneself up at home with oneself could not be produced without internal contradiction as an event in itself, as atheism itself is produced - if it should only be an empirical, psychological fact, an illusion.

Where welcome or hospitality are not present within dwelling, or economic life, where separated being remains shut up within itself, this is possible only because the invocation of separation 'leaves room' for processes of being of this sort; for a separation which 'remains separated and capable of shutting itself up against the very appeal that has aroused it' at the same time remains capable of 'welcoming this face of infinity with all the

resources of ego-ism: economically'. The claim that the essence of the home is the welcome of hospitality is not to say that the home fulfils its nature in receiving guests; but that its justification is not economic.

"The 'vision' of the face as face", writes Levinas, "is a certain mode of soujourning in a home". This certain mode we may now call 'hospitable'. However, we need not by any means consider ourselves to be 'applying Levinas', or to be 'Levinasian' simply because in 'hospitable dwelling' we find the key theoretical terms that we have been looking for. In the following chapters we shall continue with our theorizing on 'hospitable dwelling'; but now more clearly set within the laboratory from which it emerged, and couched in terms other than those written sources which came to inform it.

**PART THREE**



Introduction to Part Three

We may now consider how the (theoretical) orientation which the previous chapters provide may inform us as to the living out, working, or 'practice' of therapeutic communities. The word 'discipline' is perhaps preferable to 'practice', insofar as it conveys the idea of an instruction or teaching as well as a work; moreover it avoids the suggestion that this chapter stands in relation to those which proceeded it as 'practice' stands to 'theory' in the sense that, a theory having been provided we may now discuss its application. For it is, I have argued, a 'practical science' with which we are here concerned, a discipline whose aim is to engender a well-being on the part of those who surrender to its exactitudes; a discipline which proceeds as a showing or bringing into view, through dialogue, those considerations which have bearing upon the nature of enlightened conduct and fulfilling action, which is fitting or appropriate to its particular circumstances.

In discussing this discipline, I shall direct my attention predominantly towards one particular household. This household, which I shall subsequently refer to as Portland Road, or the Portland Road house, was founded in 1971, and ran for some eight years. It was envisioned, founded and inspired by one person: Dr. Hugh Crawford. Dr. Crawford did not himself live there, yet his position within the house, throughout its life, was central. Indeed, the story of this household is to a very great extent to do with the manner in which he gathered around him a group of people who were personally drawn towards

him, and to the work to which he devoted the last years of his life. Hugh Crawford died in 1980.

Dr. Crawford took his medical degree at Glasgow University in 1953, and undertook subsequent psychiatric training in Canada. After working within institutional psychiatry both in Canada and the United States, and on the basis of this work being elected to a Fellowship of the Royal College of Physicians of Canada, Dr. Crawford returned in 1966 to the United Kingdom, and established himself in private psychotherapeutic practice in London. Although Dr. Crawford's psychotherapeutic orientation was psychoanalytic, he preferred, where called upon to employ some shorthand device, to characterize his own attitude as phenomenological.

Soon after his arrival in London, Hugh Crawford accepted an invitation to membership of the Philadelphia Association, a charity which was set up by Dr. R.D. Laing and colleagues in 1965, and which addresses itself to the relief of what ordinarily is called mental illness. The Philadelphia Association popularly is identified with the 'anti-psychiatric' movement; a more informative shorthand index of its common ground is offered by the word 'phenomenology', and it is the thinking of this philosophical tradition which, in particular informs those critiques of contemporary psychiatry for which the Philadelphia Association is known.

The Philadelphia Association, possibly, is equally known for its work in the founding of therapeutic community



households, of which the first, Kingsley Hall, was set up in 1965. Since Kingsley Hall, the Philadelphia Association has fostered some eighteen therapeutic community households which have offered refuge and asylum to those who sought it. A recent publication of the Association claims that "the experience of the past seventeen years has demonstrated that episodes of personal crisis, of seemingly inescapable distress and confusion, and of stark madness may for many people best be negotiated in the context of such dwellings". I hope in the course of the following chapters to show some of the considerations which may support such a claim.

Whilst one may legitimately speak of a Philadelphia Association 'approach' to therapeutic communities, this does perhaps already invite a certain misunderstanding. From the first, each one of the member households of the Philadelphia Association has shaped its own characteristic style, its own way, determined not only by the styles of the psychotherapist or psychotherapists who have been most centrally involved, and by the people who have lived there, but also by the nature of the house and the circumstances under which it became available. Kingsley Hall was the first, and assumes a certain historical importance, but by no means have subsequent houses been engaged in some attempt to recreate the ambiance or ethos of that particular dwelling.

In these chapters, my attention will be directed upon the particular style of one of these households. To emphasize, however, this particular style, and moreover to



state at the onset the 'inseparability' of this style from that of the person who made possible its opening and who infused it with his own vision, might on the face of it seem to place considerable limitations upon the scope of the thesis that I am here defending. For my task is not simply to describe this one particular project, lived out in its own unique fashion and by its very nature unrepeatable, so as to leave the reader merely with the impression that this was an 'interesting experiment'. My purpose in this thesis rather is to bring before the reader's consideration the claim that an inquiry into the nature of dwelling - and what it means to dwell hospitably - may itself open out, and open upon questions of what is entailed for the members of a household to live together therapeutically.

The following two considerations will serve to justify the validity of my choice of approach to these questions.

Firstly, the Portland Road household was, in its own way, engaged in precisely this inquiry. This inquiry was opened up in deed - as a lived work and not merely some theoretical exercise. I have stressed the 'style' of the house; it now remains to be emphasized that this 'style' was a way of working. Each of us will have our own style of writing or swimming - but only if we write or swim. The question of style cannot be separated from the question of how the house worked, how the household 'housed' and 'held'.

Since this work of the house is not some pre-ordained task, but was itself brought into view in the course of

its own working or unfolding, my aim in these chapters must be to draw attention to the way or style of this household, the manner in which it found its way, and the questions which it raised, rather than to present an account of conclusions which have now been worked out. My task is to raise again the question or meditation which was re-opened within Portland Road, and which in subsequent ventures must be taken up afresh - what is the work of a household which is concerned to safeguard and open dwelling; a work which, if it is to be done well, might deem that household 'therapeutic'.

A second consideration may now be mentioned. In proposing to describe the fashion in which Portland Road identified and went about its business, my aim is not that of providing a model which might be followed, perhaps with some modications according to altered circumstances or updated in accordance with the wisdom which hindsight affords. My choice of Portland Road is not that of an example of the 'best' or the 'correct' way to run a therapeutic household, for such bland and arrogant recommendation would make little more sense than claims to have discovered the right way to live. My choice of Portland Road is as an exemplar which serves very well to introduce a number of paradigmatic issues which must arise in the case of a great many households which aspire to be therapeutic communities, issues which have hitherto remained insufficiently discussed. Here, my account or description of Portland Road inflects more towards interpretation, in the sense that my emphasis shifts from the manner in which members of this household



attempted to realize the possibilities available to them, to the nature of the issues about which such realization may pivot. My emphasis upon the word discipline now shifts from that of a work or working to include an instruction, or teaching; for here I am weaving into my account some discussion of a number of guiding principles, the usefulness of which subsequent ventures may confirm.

The terrain through which such guiding principles might offer illumination has already been introduced. We have proposed as the ground to be cultivated or opened up in the course of a therapeutic community's working, that 'ethical ground' defined in terms of where people stand with regard to one another, what they mean to one another, how they treat one another, a ground which may open or come into view nowhere more originally than in the 'commonplace' where people live together. Such guiding principles as we now seek simultaneously bear upon the nature of the issues which arise or emerge in the course of living together, and the conditions within which such issues may more readily come into view.

Some years after it had started, Hugh Crawford wrote that Portland Road is a house dedicated to the propositions:

- That health is inseparable from freedom, and that freedom is predicated on the space and time for people to find themselves with each other;
- that health is not achieved by prevention or intervention, that on the contrary these lead only to a runaway of escalating manoeuvres;
- that given an opportunity, a person will make himself at home in conditions where he is not required to be a certain way but rather is free to find his way in an ambiance of concern;



- that when he is at home in this ambiance of concern he will be rooted in what he is doing and his being will flower into a world which he does not find strange.

These four deceptively simple propositions serve very well as examples of what I am calling 'guiding principles'. As they stand, however, they remain rather too abstracted from the settings in which they might be contextualized, from which they emerged, and to which they proved illuminative, to provide a constructive source of practical guidance to the unprepared reader. The work of contextualization, in the course of which guiding principles such as these exhibit more clearly their claim to being informative, will occupy the following chapters.

Here, however, we may note that the questions which these propositions touch upon, and raise - questions for example to do with the nature of health and freedom - appear in a strong sense to be cultural questions. 'Cultural', that is, not simply in the sense that all questioning (all language) is cultural, nor in the sense that different sorts of answers will be offered by different cultures, but in the sense that persons in our culture fulfil themselves according to the manner in which they seek and live out answers to these questions.

Part of what we understand by 'culture' refers to that power or source from which the members of the culture draw, and which thereby enables the various enigmas and riddles of life more creatively to be expressed and lived out. The living of a human life - that is, for a cultural and not a natural being - is very much to do with the manner

in which the individual is able to 'cultivate' this source, and in this cultivation, be 'cultivated', fulfilled or enriched. Furthermore, one might assess the vitality or richness of a culture by the degree to which it lends itself to this sort of cultivation, in carrying forward and opening those traditions which enable its members to cope with, for example, life's adversities, in a creative manner. The religious traditions of a culture are obviously instructive in this regard.

The notion of 'homelessness' which I am using to embrace 'mental illness' has a very direct bearing upon this matter of culture, for in that homelessness and alienation which is mental illness we may find very clear illustrations of an impoverished cultural belonging, such that the potentially creative cultural domains of work and play, and those cultural sources which open up the horizons of the world, seem to be closed off or inaccessible. The domain of 'home life', in the richness of its ordinariness, provides my central illustration. But as a very simple example of a 'cultural closure' or enclosure we might take the situation of a patient attending his periodic psychiatric review, where the sources which inform those responsible for his management and treatment remain, for him, a closed book. Far from accepting that this knowledge bandied about by the psychiatric priesthood must be of a 'special nature', a private currency, we must assume that in any authentically therapeutic situation those sources and traditions which are informative and illuminative will be shown forth in the light of their truthfulness, and in words which, in



sounding to the depths, resound and ring true.

I have spoken of Hugh's preference to regard his own approach as 'phenomenological'. I now suggest that this phenomenological orientation, which was a beckoning gesture to the household, might claim to have been culturally enriching, both in the sense of opening out upon such cultural questions as I have mentioned, to do with the way we lead our lives, and in the sense of drawing upon and rendering accessible an enormously powerful cultural source, that of the Western critical, meditative philosophical tradition. Here the metaphor of 'opening the book' may be an apt one. Yet it is not to be understood in some sense that phenomenological texts were required reading, for most people in the house had no particular interest at all in the formal study of phenomenology. The text which was, in the first place, addressed within Portland Road was the ordinary, the everyday, and that which was opened up in the everyday conversation of the house. But the way in which this conversation moved through chatter to attentive or meditative or thoughtful speaking, and wandered between the silence of the unspeakable and that of stillness was considerably enabled by Hugh's pointing toward and showing the accessibility to all of those sources and traditions which had illuminated him.

And this notion of the accessibility of the sources is itself rather central to phenomenology. This discipline is concerned, very roughly, with a 'letting be seen' of 'that which shows itself'. Insofar as there exists a discernible school, or better, movement, to which phenomenologists belong, this is not to be identified with some pool of



knowledge from which they draw, or even some set of procedures whereby this pool might be augmented. The phenomenological method is to be understood as an orientation of thoughtfulness towards the sources or origins of our knowledge, which always remains to be taken up for oneself. It is realized as a radical return to the world of which accumulated knowledge speaks, the world which I live, which at the same time always transcends me, and to which I am an opening. Thus the phenomenologist does not address himself, as is sometimes supposed, to an analysis of the 'contents of consciousness', but endeavours to speak faithfully of the world as it shows itself, appears, according to his manner of engagement. In these chapters I am centrally concerned with a phenomenological showing, that is, with a showing which opens in the same movement the manner as well as the matter of its disclosure.

One cultural source of especial importance may finally be mentioned: our language. The text of the 'lebenswelt', the lived world of the everyday, is inseparable from ordinary language; and part of becoming familiar with, and at home in the world is to do with knowing, and being at home in the words by which the world is shown and bodied forth. It is no accident that the volume which took pride of place amongst the rather peculiar assortment of books which lined the shelves of the kitchen - and the only one which the household collectively bought - was Eric Partridge's 'Origins'. There is little doubt that the many occasions upon which this fine etymological dictionary was brought out and enjoyed, prepared the house to recognize that it had found,

in 'dwelling', a root it had been looking for.

CHAPTER ONE  
FOUNDATIONS

The beginnings

Hugh's hopes and plans to start a community household go back at least to the time of his return to England. The occasion for the realization of this venture came about when a roomy Victorian house, set in a recently shabby but suddenly fashionable North Kensington street became available to him for the charitable purposes of his choice. The house was held in trusteeship by Dr. Crawford for an indefinite period; there was therefore complete 'security of tenure', and no constraints were placed upon the manner of its occupation. The property consisted of a basement and four floors, together with a small walled garden. The basement was never much used by the house, except in later years as a yoga room. A year after its opening, an arrangement was made between the house and the Philadelphia Association on the basis of which the basement space was used by the latter for meetings, study and training seminars, and for its office.

Upstairs, and effectively at the heart of the house, there was a large kitchen-dining room. A large window at the back faced onto the garden, access to which was gained by a makeshift arrangement of planks, eventually to be replaced by a well constructed balcony and wooden stair. On the other side of the kitchen, partition doors opened into a spacious livingroom, which was carpeted and furnished mainly with large cushions. The other three floors contained seven bedrooms, two of which were quite spacious,



and served upon occasion as double or even three-person rooms. The top three bedrooms were constructed out of the unused attic space, when, after two years, the need for more space arose. Although small, they were made attractive with bare pine and large dormer windows.

The physical condition of the house was to change very considerably during the years of its inhabitation by the community. In the beginning, life in the house was quite lacking in ordinary comforts. The property was in a very rough state of repair; there was makeshift wiring, no plumbing, and only the most rudimentary kitchen facilities. Each of the rooms was urgently in need of decorating. Notwithstanding their own personal difficulties, an overriding priority for the three people who lived in the house for the first year was that of making the place minimally habitable. Gradually - and particularly over the next two years - the house took shape, and the lower floors at least came to be adequately repaired, quite attractively decorated, and in a certain easygoing style, comfortable. The quality and finish of the decorating became more rough and ready, at least in the stairways and landings, as one moved upstairs and away from those areas in most frequent use. Some jobs were never completed throughout the entire life of the house. The bathroom door, for example, never fitted, and could not close properly, let alone lock.

At the end of the first year, only one person remained in the house; and thereafter it was some while before the few people who subsequently moved in established more than a minimal degree of cohesiveness. Although the original

members did not come to be known to most of those who subsequently lived there, some of their traces remained, as did founding stories which became etched into the fabric of the house. One young woman, for example, had spent many hours of her time painstakingly, by hand, stripping the downstairs partition doors. Another spent equally many hours carrying 'generations' accumulation of rubbish, lumps of concrete, etc., from an area of the garden which subsequently became the lawn. There were endless stories about the obtaining of particular pieces of furniture (some of the most successful of which were obtained from builders' skips), and about who had done what to which room.

Labours of love such as these, which indicated a concern for the house, and showed a preparedness on the part of those who lived there to 'put themselves out' in their investment in its welfare, without doubt contributed to the degree to which the house became conducive to an intimate inhabitation. A great deal of care went into the most 'mundane' work to do with the setting up and shaping of the house. There was generally a reluctance to call in tradesmen to do the work of repair and decoration, except where this was quite beyond the skills of those who lived there.

The manner in which the household gradually came together from being in its original 'primitive' condition illustrates a 'principle' which was established from the beginning - that the house was, and would become, simply what those who lived there were able to make of it. It was from the beginning concerned with possibilities; there



was no final plan of how it was going to be, no blueprint of how it was going to be inhabited. The physical property, for example, would become as comfortable, or remain as spartan, as those who lived there preferred or chose, or were able, by their own endeavours, either singly or together, to bring about.

In fact, the style of the house always retained a basicness and simplicity. It was never a house in which technological artifacts played a major part, and many of what might ordinarily be regarded as the 'comforts' of modern living were conspicuously absent. There was no central heating, and above the ground floor most of the rooms were draughty and in winter, decidedly chilly. The household never showed much interest in obtaining a television set, and stereo systems only made an occasional appearance, never becoming established as a part of day to day life. There was generally a preference for making even crude music rather than listening to recordings. It was only after very heated and extended discussion that a refrigerator was permitted entry into the house; this was several years after the house had started, at a time when, for the first time, a couple with a child moved in.

Something of the style of the household may be illustrated by the various rituals and traditions which became established within it. A very simple example of a 'tradition' which arose within the house from its earliest years concerned locks and doors. Few of the rooms of the house possessed locks. People did not ordinarily lock the doors



of their rooms. Had anyone fixed a Yale to his door it would doubtless have invited comment and discussion, for it would have appeared conspicuous in running somewhat counter to the ethos of the house. Had a person abused this basic trust - assuming for the moment that this practice did in fact reflect a trust and not merely serve to deny its absence - and intruded, against their wishes, into another's room, he would usually have been put in his place fairly quickly. Different people did, of course, feel very differently about their privacy; for some people, the space of their rooms was utterly private or even sacred, for others much less so.

Needless to say, the threshold of the front door had considerable significance within the house. It was, in fact, unlocked almost all of the time, day and night, a state of affairs about which everyone seemed to be quite content, or even feel proud, for it was felt to some degree to be a marker of the 'openness' of the house, a measure of confidence of its inviolability. As it happens this 'open door' was never seriously taken advantage of by intruders or burglars, for whom, as we have suggested, there would in any case have been slim pickings.

Other sorts of 'traditions' might be mentioned, most of which bear upon such matters as would be important in any household. Particularly important, for example, are those to do with food, and these will be touched upon in subsequent pages. For the moment we may notice that the traditions which develop in a community household such as Portland Road, and which play an important part in the

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'holding' of the community, may degenerate from being possible fertile sources of conversation or discussion - still open - to being matters of rigid dogma, and hence, in a sense, closed. To some extent, this tendency towards rigidification may depend upon the 'elders' of the house, that is, those who have been there longest and who, therefore, almost inevitably by virtue of this assume a certain authority in carrying forward the tradition and showing newcomers 'the ropes'. Some people however, lived at Portland Road for considerable periods of time - three or four years for example - whilst at the same time doing their utmost to deny or disown such authority as they might have possessed through knowing the ways of the house well. Other people took up this sort of responsibility with quite different degrees of sureness, flexibility, awareness of their own and other peoples' limitations, and so on.

What I have called here the 'traditions' of a household are in certain respects rather like 'rules'. They convey to the visitor, for example - 'this is the way we are used to doing things here'. They do not ordinarily arise, however, as the implementation of principles or regulations. It was never, for example, laid down as some 'house rule' that doors must not be locked, that people should attend meetings and eat together, or that TV is not allowed, although the house did indeed shape itself around issues of this sort.

I have stressed that Hugh's position was very important in the setting of the style of the house; again, not in the sense of dictating rules or procedures, but in showing



guiding principles whereby the house might more fruitfully find its own way. The proposal that a household must find its own way is, of course, itself a 'guiding principle', and furthermore, one of some subtlety. For it does not suggest that the house simply be left to its own devices, any more than it implies that one way is as good as another. As a very general principle, the emphasis at Portland Road was upon 'letting be' rather than upon regulating, ruling or administering. Perhaps rather than a 'principle' this might be thought of as a 'tone' which reverberated throughout the house, a fundamental tone which was set by Hugh. It was also the tonic which this doctor prescribed.

#### The Portland Road Association

During the eight years of the life of Portland Road, some sixty people lived in the house for a period of more than a week. Those people who lived in the house were members of what was called the Portland Road Association. This 'formal' term offered a certain convenience for negotiations which arose between the household and the world at large; it was the name in which the bank account was held, and the name in which dealings with services such as gas, electricity, rates and telephones, were accomplished.

The Portland Road Association did not formally characterize itself as a community, nor did its members usually regard themselves as having attained that degree of cohesiveness which the word perhaps suggests, or think of themselves as belonging to a community in the sense of

subscribing to some ideology of 'community' as a way of life. Although it was a 'communal household' members of Portland Road thought of themselves more as belonging to a household more than a community, and when speaking of themselves collectively, usually referred to this collectivity as 'the house'.

Portland Road did not keep any formal records or statistics. No forms were filled in, on or by its inhabitants, nor did any medical records accompany the arrival of a new member. The only paperwork which occasionally was required in joining the house - apart from replying to letters from people making inquiries or expressing interest in living there - arose where people applying or writing from overseas needed a letter to assist their applications to stay in the country, or in the case of individuals making the move from mental hospital, reassuring the hospital authorities that their patient, if released, would be in a sufficiently supportive environment. Hugh's standing as a doctor usually enabled these negotiations to be conducted much more easily than might otherwise have been possible, particularly in the case of people trying to obtain release from hospital.

The Philadelphia Association did at one time endeavour to gather some 'basic statistics' on all the people who were living in, or had lived in its member households, but this enterprise was never taken up very rigorously. Here, I do not offer any sort of detailed breakdown of the membership of the house, but merely propose to give some approximate indication of the make up of the Portland

Road Association.

Most of the people who came to live in the house made their way through some initial contact with the Philadelphia Association. They had heard of this charity, either through the writings of R.D. Laing, through public talks, or by word of mouth, and from its office were directed towards the households. Some came to the house through Hugh's practice; when he felt it was appropriate he might suggest to a patient that he or she get in touch with the house, and themselves take it from there. Occasionally he took a more active part in paving the way for a person's coming to the house; a person who is acutely psychotic, for example, obviously is unlikely to be able on his own to enter into any subtle negotiations which may be entailed in joining or entering a community.

Many of the people who lived in the house did not fall readily into any convenient identifiable diagnostic categories. At the same time, however, the various expressions of distress which were so clearly to be heard there were such that anyone with a particular predilection for the identification of diagnostic elements would no doubt have found no shortage of 'material'. Roughly a third of those who lived in the house had previous been in mental hospital, most commonly with a diagnosis of schizophrenia or psychotic illness. Several people came to the house at the onset of an acute psychotic episode, although not in these cases from mental hospital, but from their ordinary living situations, introduced to the house by friends or relatives who were anxious to prevent their



hospitalization. Many people had been in individual psychotherapy for longer or shorter periods prior to their arrival in the house, and most of the people who lived in the house were, at one time or another during their stay, in private psychotherapy.

The sixty people who lived in the Portland Road house were made up of men and women in more or less equal numbers. Some degree of balance was obviously felt to be desirable; in fact, it never became particularly skewed in one direction or another for any length of time. Nearly one half were from overseas, from Western Europe, North and South America, New Zealand and Australia. Perhaps two thirds of the inhabitants fell within the age range between twenty-five and thirty-five, although there were a few who were well into middle age. Most people were single, and had never married, although at different times there were two families in the house each with children, and each of which lived in the house for more than one year. Altogether, roughly a half of all the people who lived in the house lived there for more than one year, and two people lived there throughout the larger part of the life of the household. People came from a variety of backgrounds, rich and poor, educated and less educated, working or professional class; there was, however, a preponderance of the white, educated middle class. Some people had never worked in their lives, and had established themselves only most precariously in the world at large; others were well set up in professional careers.

Assuming Membership

Let us assume that a person wants to move into the house. He telephones, a meeting is arranged between himself and at least one member - a conversation has begun. We must ask something of what this conversation is about.

First of all we must note that the sort of conversation which takes place will vary a great deal, according to the particular circumstances in which it takes place. I have already remarked that the physical property of Portland Road changed through the years, and particularly in the earlier phases; it now must be stressed that the ambiance of the house changed too, according to different periods of its life. At times empty, at times full, at times smug and inhospitable, at times deeply welcoming; the state of the household at these different times, the ebbing and flowing of its 'libido', the state of its 'economy', crucially determine the sort of response that the visitor will receive. Whether or not a person has just left the house, and the circumstances under which they departed (which may dispose the household to seek a 'replacement' as quickly as possible) may effect very importantly the way in which a visitor is received. To enter a community when it is living through a time of great fragility, or where it is gathering itself together having just survived some particularly testing period is - other things being equal - to enter into a different order of conversation from that which opens up in a community which is in robust or expansive mood, or one which is enjoying a period of great vitality.

Secondly, the sort of conversation which takes place will obviously vary depending upon the manner and circumstances of the visitor; where, for example, he is 'coming from', what he brings with him, what are his expectations, hopes, fears, and so on. People approached Portland Road in quite different ways. They came, for example, from different backgrounds, through different routes, at different stages of their life and with different doors open and closed to them, undergoing different sorts of sufferings, and with quite varied expectations as to what the house was, and how it might help them. The notion of 'community' in itself, doubtless, raises all sorts of expectations and anxieties and triggers a whole wealth of phantasies; doubly so when this community is in some way expected to be 'therapeutic'.

Approaching this household with a view to asking to join could not have been a light decision, or an easy occasion for anyone. To present oneself thus to the house entailed a person's admitting, to some degree, that he needed 'help', that he had come to the end of his wits, or his tether, that his life was unendurably lonely, miserable, painful, unhappy, that he wanted now to come in out of the cold. For most people who moved towards the house, this was the occasion, writ large, where they were most ill-at-ease, most unsure of themselves, most frightened: finding, feeling, negotiating their way through something, into something vital, with others, where the consequences of being accepted or rejected might equally be terrifying.

People approached and tried to find their way through these difficulties in their own particular fashions, the



hale and heartiness of some contrasting with the helplessness evidenced by others. Some people - and by no means the less 'disturbed' - were highly sensitive to the nuances of the situation in which they were engaged. Others, for example, rather imposed themselves upon the house; their manner of arriving was by demanding. They might insist, right away, for example, that they be told whether there was a 'vacancy', failing altogether to grasp to acknowledge that the issue of their moving in was necessarily one of some subtlety, and not predicated simply upon there being an 'empty room'.

People had different interests in the house, or in coming to the house, and different ways of expressing their interest, whether it was in the first place a matter of seeking to meet their need or fulfil their desire. Some people simply wish to wean themselves off psychiatric drugs, and felt quite understandable fears about being able to do this by themselves, on their own. Some people felt that they had something to go through, their wishes in some cases being coloured by previously published accounts of 'inner voyages'. Others rather vaguely proposed that they 'wanted to live with other people'. Some people felt that they needed a safe basis upon which to extend what they had already begun to open up in their psychotherapy. People varied enormously in the degree to which they were able to articulate their concerns - what they were on about, where they stood, where they were coming from, what they were looking for, and so on. Some people - and again by no means the least disturbed - were able to speak very coherently

on these matters, about themselves. Other people found speaking difficult, but managed to say all they needed, very well, with the minimum of words. At least one person was literally speechless and moved into the house without having uttered a single word; she remained in a sense passive in the midst of a conversation which went on around her, between the household and those for whom she had become a 'problem'.

The usual procedure whereby a person became a member of the Portland Road household essentially was this. Whoever expressed an interest in moving in would be invited to one or more meetings, in the course of which everyone in the house, as well as Hugh, would have an opportunity to meet him or her. On the basis of these meetings, and what emerged in the course of the ensuing conversation, the household would together come to a decision as to whether or not they wished the person to join them. However, it must be pointed out that this procedure varied considerably, according to circumstances. How - and even in some cases, whether - a person found his way into the house depended upon such 'arbitrary' considerations as who answered the telephone when he first made contact, and what were the circumstances of the meeting which followed: was it a hurried chat, or was it extended over a whole evening, and included an invitation to a meal. Or was it, as sometimes happened, adjourned to the pub across the road.

It usually happened - and particularly when the house was relatively full - that a visitor would initially meet and spend some time with two or three people who were able

to make themselves available, as well as whoever just happened to be around, and on the basis of how things worked out with them, perhaps over several meetings in the course of which he might meet others in the community, be invited round to one of the twice-weekly evenings when Hugh visited the house, and everyone, ordinarily, was present. Having got this far, and the members of the house having had some opportunity to discuss their thoughts and feelings about the matter, amongst themselves, a decision would sometimes be taken there and then, in the course of the evening. More often than not, these decisions took longer, or would effectively be taken by the visitor, who might get fed up with waiting, or who would take the household's deferment of decision - sometimes realistically - as a 'no'.

Whilst people made their own different approaches to the house, and were received according to varying arrangements and circumstances, the one inescapable fact remains that a person's joining the household was predicated upon some interpersonal negotiation between that person and members of the household. Negotiation suggests a finding of one's way towards or through, and also an unfolding in the fullness of its own time; the etymology of the word suggests that negotiations are best conducted at leisure. In order to stress the interpersonal nature of these negotiations, their being negotiations between, and furthermore to emphasise that they were not simply matters of logistics, but were concerned to bring into view the intricate issues about which they turned, I shall refer to this negotiation as a discourse, a conversing, or a conversation. The situation of



a person wanting to move into the household shows itself first of all in the opening of a conversation, to which, if it is to proceed, the house must show itself to be open.

What was this conversation about?

The purpose of the conversation was in a sense, simple enough: it was an occasion or opening for the visitor, who was a stranger, and those who already lived in the house, to get to know something of each other. But this meeting has a context; it is already taking place somewhere, in a private household, the members of which regard as their own home. The stranger has been invited to speak in the shelter and safety of the home. This is already a gesture of hospitality.

It may, however, amount to little more than a gesture. In Portland Road, occasions when a person visited, with a view to moving into the house, were by no means always conducted hospitably. There were times when, for example, a person might take a telephone call, invite a visitor round that evening - and then neglect either to tell anyone else, or to be there himself to receive him. There were times when a visitor might find himself, in all innocence, caught between the crossfire of hostilities which had been going on long before his arrival. There were times, too, when no-one wanted to meet visitors; as the time approached people would slink off to their rooms, leaving some individual having, as best he could under the circumstances, to play host. Not only that: the degree of inhospitality which

prevailing upon occasion was such that the one who took it upon himself to meet with the guest might find himself being cruelly teased by some particularly resentful people for being a 'sucker' (an accusation which might indeed contain some 'truth') or being criticised for the manner in which he had conducted the meeting. This sort of meanness of spirit, however, was certainly not typical of the welcome with which visitors were received by the household as a whole.

These meetings which took place in the house, between those who lived there, and some person who was interested in joining their company, were in the first instance an occasion for the people concerned to get to know something of each other. One of the considerations which emerges in any 'getting to know' - or which is in some senses a condition of any getting to know - is that of liking. One question, therefore, which was of overriding importance in deciding whether a new person be accepted into the house was - do the members of the house find themselves liking the visitor, do they 'take to' him, find him 'sympathique', like 'the cut of his (or her) jib'? These questions, presumably, the visitor may well be asking, and with equal relevance, about his hosts. It is not difficult to see why these initial dispositions, of simply liking or taking to the other, or not, (or perhaps at least, liking 'enough') are important, for they have to do with some other person, with whom one proposes to live, to share the intimacy of one's own home - and not merely endure some transitory dealings. It would indeed be a mark of some severe alienation

to be indifferent to the matter of who one lives with; it is for most people a most important and highly personal concern. Ordinarily we take exception to the idea of living with people who make our flesh creep, with strangers, or with those with whom we do not feel the least at ease. In any case, we could hardly expect that a healthy, happy household will flourish where its members predominantly put up with one another, or tolerate one another - however well-intentioned, in so doing, they may be.

Although this is a most important consideration, the matters which it raises are not absolutely simple or straightforward. A person's feelings towards, for example of liking, disliking, feeling happy about, and so on, are of paramount importance in deciding who moves into the house - but the matter does not simply end there. In a community which aspires to foster well-being, and which sees this as entailing some degree of critical self-awareness, it may not be quite sufficient to let important matters, the consequence of which may be quite far-reaching, be decided just by taking account of predominant or prevailing feelings. For these feelings may be merely passing whims or fancies, or they may for that matter be deeply perverse. People may have good or bad reasons for their feelings; a feeling of dislike for someone may reflect some blind prejudice, or may be a highly discerning intuition. Distinctions of this sort may well emerge in the course of ordinary conversation; but they must, to some degree, be opened up in the course of those special household meetings which were set aside precisely to attend to those matters which were not always 'simple or straightforward'.



In any case, might it not be, upon occasion, the very best thing for two people to live together, who cannot stand one another, when the very sight of the other makes the blood boil - and to see this through? Here, presumably, a great deal depends upon the lived context, upon the ambience of the household as a whole, and its capacity to hold. The healthier the house, it has been proposed, the greater the range of conflict which it can fruitfully accommodate, absorb or contain. This leads us to a second set of considerations. After questions of personal liking, disliking, questions of whether the people in the house take to the visitor or not (and whether he takes to them), there arise questions as to what is possible, right or best for the household as a whole, given its strengths and limitations, at any particular time. These considerations bear upon, for example, what the house is 'up for', what the house can take on, has room for, time for in each particular instance; but they also must be approached with some far-sighted weather eye alerted to the 'future' of the house, a future life which, it is to be hoped, will extend beyond the particular make up of its present occupancy. Again, these questions as to what is best for the household as a whole may be by no means simple or straightforward.

I have emphasized that the circumstances of the house varied according to different periods or phases in its life. In the beginning there were only two or three people living there, whereas at one subsequent time there were thirteen. One consideration which therefore was highly relevant to the question of a person's wanting to move into the house

was - how much room or space does the house have at this particular time? But again, this question is not quite so straightforward. It does not boil down to the simple matter of how many rooms are unoccupied, and how many 'vacancies' there might therefore be. Members of Portland Road did not usually speak in terms of the house as having 'vacancies', since people did not live in the house on the basis of having completed some tenancy agreement. The people who lived there did not lease rooms; they joined and became members of a household community. Many people who left the house did indeed leave a palpable sense of 'absence', but these 'absences' by no means automatically assumed the nature of 'vacancies'.

Whilst the fact of whether there were any unoccupied or unlived-in rooms at any time was a highly relevant consideration, the question of how much 'space' the house had on any occasion depended very largely upon what was going on within it, who was already living there, what they were 'into' and what it opened up or upon. It depended as much as anything upon the mood and spirit of the house at the time. There were times when the house, whilst not full, did not at all feel in a position to take on a new member, its primary task being that of surviving its own immediate predicament, or overcoming some particular state of fragility. These phases usually were short lived. There were other phases of tiredness and dreariness, when the household might well have welcomed the freshness which a newcomer might introduce, but now there would be a dearth of visitors, or nothing came of such meetings as did take

place. There were times, again, when the house was full, with all the rooms taken, and at the same time a place of such vitality that it was eager to admit new members, themselves in great need, making it necessary to double up in some of the bedrooms. At one time, there were three people sharing one bedroom, made easier by the construction of a loft bed, and two people sharing two of the others. Most of the time, all of the rooms were occupied.

Since a community household is not some fixed thing - an unchecked institutional growth which turns out some 'constant' service for its residents, but is a living matrix, the household libido or 'economy' ebbs and flows, advances and withdraws, expands and contracts. In accordance with these rhythms, the space and time of the house will open and close, inspire and dis-spirit. Here I refer to a lived space and lived time, to those lived structures of intentionality which open according to where people stand with respect to one another, and what they mean to one another. The time and space which people might have for one another is not one which might simply be allocated, but opens in accordance with the vicissitudes of desire or concern, as and how this becomes opened in intercourse.

The discussions which took place at Portland Road about the issue of someone joining the community, did not cease or become concluded at the point where the visitor left, but went on between those who already were living in the house. Seldom would it happen that they all felt the same way, or that even at the end of their deliberations they would be in a position to speak to the visitor with



'one voice'. Nor was there any reason to suppose that they should. People took to one another in their own different ways, according to their tastes, styles and sensibilities. At any time, people were likely to have had quite different ideas as to whether they wanted a particular person to join the house, and to have had a variety of different reasons for feeling as they did. The following through, and opening up of these ideas and reasons invariably led the house into areas of conversation which broadened far beyond the original, precipitating issue. Here we may briefly suggest why these conversations could, upon occasion, become so extended.

These conversations, in the first place, raised matters of judgement, taste and discernment; it was precisely over such matters that people who lived in the house typically felt markedly unsure of themselves. Thus people very commonly found themselves unable to decide, or to make up their minds - to commit themselves to a point of view, or even to venture an opinion. Some people tended to be unable to say 'no', others unable to say 'yes'. Particularly in gatherings or meetings, when what they said might be 'taken up' by Hugh - however lightly - they commonly found themselves unable to dare to 'think out loud' or to speak freely, or to address themselves to anyone.

These meetings did indeed bring into play a variety of matters, questions and issues which people under any circumstances might find it difficult to open up in conversation. In the course of these discussions people inevitably found themselves evidencing or owning up to attitudes and feelings which they might prefer to have

remained undisclosed. People were shown or were seen, in what they said and did, not only to be capable of kindness and openheartedness, but also to be taking up attitudes of selfishness, meanness, grudgingness, and so on. Having themselves moved into the house, they might want to adopt the complacency of 'I'm alright Jack', or its obverse: 'Everything's alright by me - what difference does it make?' They found themselves accused or 'guilty' of jealousy, envy, resentment; or otherwise shown up or teased out in ways which made them embarrassed, ashamed or afraid.

The areas of difficulty which these conversations touched upon, or opened up, were precisely those areas which were for most people the occasion for their moving 'into the house in the first place. People moved in, as I have suggested earlier, because they were profoundly homeless, because they were 'untogether', because they were deeply troubled, because they had in some sense 'lost their way'; because they had, standing in their way, what Hugh would call 'unfinished business'. Nowhere more clearly than in these conversations or discussions was the nature of this 'unfinished business' brought into view. Those who lived in the house were still not at home with themselves, with one another, in the world. Neither did they tend to find themselves (which amounts to the same thing) at home in language, able to speak freely and with sureness, of where they stood with one another. These conversations, therefore, taking place in the house, sometimes in the modality of 'not being able to put off any longer', which were precipitated by the interest shown by a visitor

to the house in himself moving in, could upon occasion become very 'heavy' and weighed down, painfully silent, endlessly confusing, and seem to get nowhere. The stark silence which so commonly followed any attempt to initiate such conversations became known as the 'Portland Pause'.

Here we may comment briefly upon Hugh's position in these conversations. First of all, he did not live in the house, and this alone enabled him to speak from a position of some 'detachment'. There is little question that from his position, and with his awareness, he was usually able to see, more clearly than anyone else, the movement or interplay which was going on within the house, and to speak of this play surely and provocatively. His position in the house was at the same time that of psychotherapist, and here his work was centrally concerned to open up, encourage, make possible a free discourse. Ironically, of course, his very presence in the house - which we may in shorthand characterize as 'interpretative' - showed in the first instance precisely how 'unfree' the discourse in fact was.

We shall discuss 'interpretation' subsequently. For the moment we may note that this word by no means suggests some position of disavowal or disownment of one's own interests. Thus, for example, whilst Hugh generally left members of the house to sort things out for themselves, as far as possible, or to let them 'get on with it', and his reluctance to 'take charge', he never left anyone in any doubt as to his interest (here the word is not strong enough) in the house thriving. On innumerable occasions he



made no attempt to withhold his clear opinion as to what was good, fitting or best for the house, or his criticisms as to how people were conducting themselves in respect of this good. His discernments, suggestions and criticisms usually carried enormous weight - and nowhere more clearly than over the difficulties of coming to a decision about a new member. His personal inclination always was to encourage the house in the direction of 'taking on' rather than playing safe, at the same time reminding the others that finally it was their decision; and that he did not have to live there. Without doubt, the house would not have chosen to take on so many 'difficult' people as it did, without Hugh's nudging or urging. "The world is made up of two kinds of people, the freaked out and the cooled out", he would say, "and they both need each other very badly".

In discussing these considerations, we have so far placed emphasis upon the household's desire with respect to the new member rather than his desire shown towards the community. We might say that this is taken for granted or presupposed by his arrival at the door. Many people, however, arrived at the house wishing to move in, when the nature and direction of their desire was far from clear. Some people came to the house, whose sufferings were beyond question, but whose primary concern seemed to be to do with cheap accommodation. Some people were in blind flight from some or other painful situation. Others came with already fixed ideas, (political, ideological) as to how the house should be, which stood rather hopelessly in the way of their

being able to discern how it, in fact, was. In some cases it would be quite clear to the house that such a person was knocking at the wrong door; in other cases the conversation which ensued would show something more favourable in the situation. As a very general principle, it was more or less taken for granted that it made little sense for a person to move into the house where those who already lived there did not feel some desire on his part to enter their discourse, their dwelling, and not merely their 'house'. However, we may add that some people came to the house in states of such extreme need that the question of their desire was quite premature. One example would be the woman who arrived so distressed as to be quite unable to speak. The situation here is perhaps in some ways like that of being in a position to offer bandaging to someone who is bleeding to death; having negotiated this particular crisis, the question of their desire will remain to be seen.

Having seen that the question of how people found their way into the house opens into a consideration of the conversation which took place in the house, pivoted about this issue, we may now turn our attention from the 'content' of this conversation more towards its 'nature'. A conversation, perhaps, suggests a beginning and an end. We might, therefore, now speak of a conversing, a dialogue or an intercourse if we are to make it clear that any particular conversation - such as the one 'about' the question of a new person coming into the house - is articulated into and out of a pre-existing and 'ongoing' discourse. This discourse, moreover, is of a very particular nature.

I have repeatedly stressed the 'place' of this conversation, that it takes place, or is set within a dwelling. It is not the conversation of a 'group' of people who gather together upon certain occasions, or about some purpose, as though 'dwelling' were a purpose. However, it is not sufficient to say merely that it is 'set' within a dwelling. We might say, rather, that the dwelling, as dwelling, opens as this conversation, a conversation which stays with things, which always, through all its wanderings, remains to be taken up. In order to point toward that appropriation which pertains between the conversation and its matters, its substance and its grounding, its time and its place, whereby we might indeed talk of the conversation being dwelled, in deed and in word, we might briefly consider what might be termed the textures of household life, textures which are woven into the very fabric of economic being.

### Textures

By using the word 'textures' I wish to emphasize, first of all a sense of the materiality, substantiality, or 'stuff' of life in a household. Another word we might use is 'grain', or even, perhaps, nitty-gritty. At the same time, I wish to bring out the fact that different 'textures', or different grains of texture, different matters, correspond with different sensibilities, touches and tastes. One cannot feel a fine texture with a coarse touch, or vice versa. Here we touch upon matters of subtlety; the subtle itself being a particular texture, or sub-text, which is



finely woven. I am emphasizing 'texture' here to suggest that sense of interweaving of matter and matters, of things and stories, whereby a world comes into being. It is as well to remember here, too, that all textures have a seamy side.

Of particular relevance to our present study is the matter of 'ordinary' textures, or what we might call the textures of ordinary life. My 'being at home' in my own home which is in a sense taken for granted is very much a matter of my being woven into a story, a history and a mythology which has a particular substance or 'density'. In my own home I am surrounded by my things. Here, for example, is a book on the shelf which has etched into it my childhood scribblings. I close my eyes and sniff its pages... and forgotten chapters of my life suddenly reopen. Here on the desk in front of me are various bits and pieces; this stone picked up from that beach, this pot with its seed struggling to germinate, these various precipitates of enthusiasms. Take them all away, and I would survive; but the fabric of my life would be rather more bare.

These most commonplace furnishings of my life, which are for the most part taken for granted - they go without saying - silently give themselves to provide the infinitely rich tapestry of the ordinary. If we wish to discover what a nightmare life might become in its absence, we may learn from accounts of various de-realized experiences where 'things' are reduced to mere objects, and in this objectification return mocking and obscene, to haunt us. Such as

these are extreme states of homelessness. Needless to say, different peoples' lives are textured in different ways - most of us doubtless would feel ill-at-ease and disoriented in a desert environment, whose 'text' would be read and sensed quite differently by nomads and bedouins. Closer to home, certain 'total' institution environments provide examples of 'textures' which many of us will find decidedly alien - whether we think of this in terms of its surfaces which typically are smooth, shiny, and holdless, its uniformity of light, its characteristic 'wall' of heat - all of which contribute towards a certain soporific blandness.

Here I am primarily concerned with those textures which have a particular bearing upon our sense of being at home, and with suggesting how these textures are inextricably woven into the nature of the discourse which arises within the home, and into which, equally, we are woven. I shall illustrate this by discussing something of the particular interweaving of conversation and context which characterized Portland Road.

Almost invariably, the focal gatherings or conversations which took place in the house took place in the kitchen, around the table or around the fire. The fire, which was kept going continuously throughout the winter months, was itself the source of seemingly endless light-hearted conversation. It was of the type known as a 'Pither', and was not unlike an old-fashioned pot-bellied stove; this particular one was somewhat temperamental by nature, and depended for its most efficient working upon the controls being set in a certain fashion, upon which

there was much disagreement amongst the 'experts'. After a number of improvisations upon the theme of table - one of which was a large telephone cable drum extracted from a builders' skip - the house eventually had made a long refectory table, and it was around this table that business would be conducted. More often than not, some sort of meal would be phased into this gathering, even if the meal was a simple one of bread and humous, salads and so on. From time to time these salads would include lettuces, radishes and tomatoes produced, with a considerable sense of triumph, from the garden. The style of these meals would take on different nuances, depending upon who was around, what was going on, and so on. Different people in the house had their own styles of cooking, even their own way of making and serving a pot of tea, or coffee. One visitor to the house, who lived in Paris, would arrive from time to time with armfuls of fresh cheeses, which would be set upon with great relish. These various evenings ranged through every inflection of mood; there were long nights of celebration, and evenings of great sadness, evenings of boredom and excitement. Inevitably, the conversations were accompanied by endless cups of tea or coffee, sometimes wine, occasionally whisky.

It was the practice for many years at Portland Road to hold hatha - yoga classes twice a week. These classes, which were usually held in the basement, were taught by a young yoga teacher who belonged to the Philadelphia Association network, and who came to be a friend of the house. They were usually held in the early evening, on days when



Hugh visited the house. Doing these simple yoga postures and exercises together, where people are brought together in a situation of a certain intimacy (although not everyone in the house chose to take part in these classes) again simply illustrates the contextualization of these evenings. For such an activity inevitably phases into, and disposes towards, a certain order of conversation. The very metaphors of hatha-yoga - stretching and getting straight - apply equally well to the tone of many of these conversations.

Now these sort of 'contextualizations' of a conversation are ordinary enough; but it is precisely the most 'ordinary' or 'common or garden' sort of things to which I wish to draw attention. Here I shall briefly take up one single thread of this text or texture, as an example: the bread upon the table. What in the world could be a more ordinary thing than a loaf of bread? It might well, however, be a perfectly defensible claim that this most ordinary thing, this staff of life, bears the story of civilization.

The making of bread was one of those more-or-less everyday activities which took place at Portland Road - just as it does in innumerable other homes. Bread making was introduced into the house by Hugh - and the culture took. It is illustrative of a particular emphasis he placed upon self-reliance, upon simplicity, and upon the 'organic'. Hugh always hoped, and indeed spoke of this long before the project was started, that a person could, if he or she wanted, live very simply or basically and inexpensively within the household. Thus, whatever refinements might be lacking, he hoped that those who lived in

the house would always manage to see to it that 'basic foods' (grains, pulses, vegetables; the wherewithal to make simple but nourishing meals) would always be there. For the first few years at least, the house was predominantly vegetarian, although by no means 'hard line'. And although it did lapse at times from the ideal of ensuring basic provisions, there was nearly always a large sack of fresh wholemeal flour in a corner of the kitchen.

A simple wholewheat recipe having found favour within the house, breadmaking became indelibly established as one of the rituals of Portland Road. The aroma of bread-making, and of freshly baked bread became one of the most distinctive house smells, and the imagery of yeast and fermentation alludes most powerfully to the atmosphere of the house at that time, when there was indeed a yeast in the air.

I should perhaps endeavour to make it clear that breadmaking was not introduced into the house as some sort of 'therapeutic activity', or as some sort of occupational therapy designed to encourage people to get into something with one another, to keep their idle hands busy, or to prepare them for reality, through gaining some experience of 'cooking'. Neither was it introduced in accordance with some ideology of diet and healthy living - a healthy mind in a healthy body - or of 'self-sufficiency'. No more need we assume that where conversation is taken up and enjoyed by a group of people it must serve some further purpose, such as getting to know one another. However subtle a distinction it may be, that between something

which is introduced as a means towards an end, and something which is shown, in enjoyment, as a good for the sake of its 'goodness' (which may, however, indeed open out an area of vitality, of companionship and nourishment) is as immediately discernible to the taste as the difference between homemade bread and 'Mother's Pride'.

The making and breaking of bread provides one simple example of what I am calling the texture of this household. This one particular thread could be followed further, or any number of others could be taken up in order to illustrate the fabric of day to day life within the house. The bread provides a good example of texture, since homemade bread does indeed have a characteristic texture, grain and taste; it has something to 'get one's teeth into'. I have chosen the example of bread specifically to stress this matter of taste; that conversation is very much a matter of taste, and that a conversation which gathers or brings together that which is before one in front of one's eyes - and which is now on the table - already speaks of, and with, a certain taste.<sup>1</sup>

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<sup>1</sup>"Socrates observed once that one of the diners stopped eating bread, and ate the other food alone; apropos of the conversation which was about the meaning of words, he said, "Men, we must say what is meant when a man is called a glutton"... "If someone eats his food without bread (and he is not in training, but does it for pleasure) do you think he seems to be a glutton or not?"

"It is hard to see who else would be called a glutton", was the reply. Socrates answered, "I think he could be called a glutton quite justly". Socrates used to say that in the attic dialect, the term 'to dine well' meant simply to eat, and that the term 'well' in the phrase 'to dine well' meant that which did not harm to the body or soul."

Xenophon. Recollections of Socrates. Book 3, Chapter 14. Xenophon (1965) pp.102-103.



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### An Abiding Conversation

Conversations belong. Here I am concerned with conversation which belongs and takes place at home. In the various cadencies of this conversation we may hear tell - nowhere more clearly - of what it is to be at home in the world. And in such conversation, from whose gestation emerges everything that is or ever was said, we may recognize, according to the spirit which moves it, and precisely in its ordinariness, a very considerable power to awaken on the part of those who enter it or are drawn to it, a sense, or a recollection of what it is to be in the world. The extension of such conversation, opened as hospitality, may be decisive in facilitating that turnabout whereby waywardness leads to a homecoming.

For this sort of conversation, which is so interwoven with the textures of the home, we might reserve the term abiding conversation. This first of all speaks of its temporality, of its being quite other than a conversation which has a beginning and an end, or which can be arranged at one's convenience. It is this temporality which we have in mind - when we describe - by way of contrast - the programming of time typical of the therapeutic community: the large group meeting followed by an endless series of small groups and prearranged activities. What I am calling here an abiding conversation will remain to be taken up in each person's own time, that is, the time of his own abiding. By 'abiding' conversation, however, I wish also to draw attention to an epistemological significance which is already suggested by the interchangeability - in certain

contexts - of 'knowing' and 'being at home with'.

Part of what I mean is already suggested by the word 'conversation'. The root of the word 'verse' - of which conversation is a compound - is centrally to do (we might say 'again') with the notion of 'turning'. Amongst the various twists and turns which this root follows<sup>1</sup> we may note the Latin uersus (turned towards, facing cf. 'versus') whose passive form uersari comes to mean 'to be turned often', "hence to be situated, to dwell, hence to be engaged in or occupied with, with pp uersatus meaning 'familiar with, versed in'". The term which I have suggested - an abiding conversation - merely emphasises that familiarity, 'being versed in' which is at the same time an engagement, a situation, and a dwelling, to which all knowing, and all understanding is a return.

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<sup>1</sup>Partridge, E. (1966) pp.769-771.



## CHAPTER NINE

## AN AMBIANCE OF CONCERN

A Community of Interest

In the preceeding chapter, I cited from the writings of Hugh Crawford, as examples of informing or guiding principles, these propositions to which Portland Road was dedicated:

Given an opportunity, a person will make himself at home in conditions where he is not required to be a certain way but rather is free to find his way in an ambiance of concern; and that when he is at home in this ambiance of concern he will be rooted in what he is doing and his being will flower into a world which he does not find strange.

I now turn to an explication of what is meant here by an 'ambiance of concern' and a discussion of some of the questions which surround this notion. We must ask, too, what it means to 'find one's way' in an ambiance of concern, and what conditions facilitate the emergence of such an ambiance.

I have already, in part two of this thesis, provided an introduction to this discussion of 'concern'. Following Heidegger, I have argued that man is not merely 'subject' to the biological and psychological (or sociological) processes of sentient life, such as may be investigated by the empirical methods of natural science, but stands out, in his mode of being-in-the-world, apart from the natural world, as a being who dwells. Man's dwelling, moreover, is already 'concerned' - not in the sense of being burdened with 'concerns' or of undergoing 'subjective experiences' of 'caring' - but in that more primordial sense of openness to Being which is the possibility of having a world, whether

or not we find it burdensome; in the sense in which Heidegger's Dasein is the 'clearing' or the 'there' of Being, or the disclosure which makes possible the 'there'. Here, the claim that dwelling is 'concerned' roughly approximates to Heidegger's earlier formulation of the Being of Dasein as 'care'. (Sorge.) In each case we are speaking of ground or source structures of concern; man, that being for whom Being is a question, (who can ask what it is, to be), whose being is in question (who can ask what it is, for him, to be); who dwells, and by virtue of dwelling, of being mortal, knowing his time, has time for; who stands in language, appears - is concerned, and speaks of those matters which are of his abiding concern.

But the claim that Dasein is concerned, or that dwelling is concerned, by no means ensures that man, in his dwelling, in fact lives 'concernedly' - any more than the claim that man lives in language ensures that man gives himself over to the claim which the logos exerts upon him. Indeed it is precisely because man dwells and because 'concern' is a structure of dwelling, that any life may be lived out in a variety of fashions of waywardness. We have proposed that it is in the very nature of dwelling that man, the being who dwells, wanders and is forgetful.

The emphasis upon Portland Road as a dwelling, therefore, makes no claim that, as if by some magic, the inhabiting of this dwelling is now lived out thoughtfully, care-fully, considerately, as 'concern', or that, through some 'natural unfolding' of dwelling, an ambiance of concern, where people live together kindly and considerately, is guaranteed

to follow. It is of course common knowledge that people may share a dwelling, live together in close contact or 'intimacy', for example as members of the same family, and at the same time exhibit a gross and conspicuous lack of concern for one another. Statistics inform us that most acts of violence occur within the home.

At the same time, however, the example of Portland Road as a place of dwelling does set us on our way towards a discussion of an 'ambiance of concern'. In describing this household so far, I have drawn attention to some 'minimal conditions' which have a bearing upon the sense of 'being at home'. I have suggested that certain texturings - and in the first place, textures of 'ordinariness' - play a most important part in the matter of 'feeling at home'. Or if our situation is one of a 'homelessness', they may serve to remind us of what we have been missing. But these texturings have a further bearing upon the nature of concern - if we are right in speaking, as in an earlier chapter, of concern as a world which opens as we are drawn towards it. For showing concern is not a matter of 'merely living' and then 'being concerned' - but is already shown in that which, in our living, we stay with. The manner in which we inhabit our home already shows our concerns.

An ambiance of concern suggests a concern which in some way goes 'round' or 'about'; we may expect an ambiance of concern to have a certain 'atmosphere'. We may speak of ourselves as being 'in' an ambiance of concern; and this suggests a different situation from that where a collectivity of people, arranged side by side, are absorbed each in their



own concerns. So far, we have indicated something of how this 'about' may be understood by speaking of the household as a living context. This living context is not held together by those who belong to it endeavouring in some way to 'be concerned' so much as their going about their ordinary business.

I have already mentioned the 'ordinary business' of eating, suggesting the obvious: that it is not merely 'calorific intake' which provides 'nourishment'. Nourishment, equally is to do with the company in which we eat, and the fashion in which this company takes part in the sacrament, and with what else is woven into the meal. The essentially convivial nature of eating is illustrated by the near impossibility (except when, as we say, we are 'starving') of preparing, eating and enjoying a meal by oneself, without descending into a mode of parody.

"Persons are not simply in front of one another; they are along with each other around something", writes Levinas. "It is through participation in something common, in an idea, a common interest, a work, a meal, in 'a third man' that contact is made."<sup>1</sup> It is this 'around something' which provides such an important starting point for our discussion of an ambiance of concern. Portland Road indeed gathered 'around' an idea, a common interest, a work, a meal - and a 'third man'. But this particular gathering held together as a household. Again, it is to the 'common interests' of a household, the nitty-gritty of lived context to which,

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<sup>1</sup>Levinas, E. (1978) p.159.

in the first place, we must turn.

If a first consideration, in our discussion of 'concern' is with that communality of interest which is expressed in the notion of household, we must now direct our attention more specifically to the way in which this communality of interest may be opened up as a 'householding'. A household community is already a place where common concerns will show themselves, but households will vary considerably in the degree to which they may be open to these concerns, to their being taken up, or for that matter, questioned.

Portland Road was addressed to the opening up of possibilities of living concernedly. These possibilities, as we have argued in the first chapters, may well be closed off to varying extents, firmly and stubbornly, precisely in those places which are especially designed and custom built, equipped and staffed as places of concern or caring. Institutions which conduct themselves on 'therapeutic community lines' or adopt 'therapeutic community methods' typically - and notwithstanding their well-intentionedness - show themselves to be missing that ground or culture where the germinal possibilities of concern might 'take root'. Here, the probabilistic structures of the 'organizational' pre-empt the germinal power of the organic. Portland Road started from the assumption that a household, from its very founding and through its gathering exhibits already a latency, a generative source, which, through a cultivation of thoughtfulness and sensibility, may flourish and bear fruit.

But now we may anticipate a difficulty. We have suggested that an ambiance of concern may arise, as the realization of a latency or potential, where people are gathered together about, or within a household, under conditions conducive to their finding themselves at home with one another. As very general 'guiding principles' pertaining to these facilitating conditions we have stressed the importance of 'letting be', or making space for people to find their own way with one another; emphasizing, for example, that an 'ambiance of concern' cannot simply be 'organized' or 'set up'.

At the same time, we have made it quite clear that the people who were drawn to Portland Road were not 'together', and that they were drawn to the household for that very reason. How then does an ambiance of concern - which presumably will turn out to be an ambiance within which people are in some way attentive to one another and to the way in which they treat one another - arise in the case of a household whose members are 'untogether', whose world of concern has narrowed down to those pressing and urgent matters to do with their own immediate sufferings? How will an ambiance of concern open up between people who are 'alienated', if by this term ambiance of concern we are to understand a concern which opens up between one person and another?

We shall address ourselves to the ramifications of this question in subsequent pages. For the moment we may express it in the form of a riddle: how does a person who have never experienced concern - experience concern? Condensed in this way, it suggests that a person who comes to



the house is being asked, or even required, to do precisely that which he cannot do. This same sort of highly paradoxical 'requirement' may arise in the psychotherapeutic situation, where a person who typically cannot speak freely (his symptoms being an 'unfree' speaking) is 'asked' to 'free associate', that is, let his thoughts wander, speak spontaneously.

But when we say that a person is 'untogether', we do not mean that he has no concerns or concern - rather we are saying that the world of his concern, or the unitariness of his world is in some way 'untogether'; or that he is out of tune with his desire. We are saying that in some senses such a person is not at home in the world (notwithstanding the existence of any number of regions in which he may be streetwise) or not at home with himself, or, perhaps most fundamentally, with another. This position of being 'untogether' or 'all over the place' may itself become the occasion of great concern, just as a person may be deeply and agonizingly concerned at his or her 'lack of concern'.

Several people came to the house insisting that they did not feel anything, or no longer 'cared' any more, where they manifestly did care sufficiently about their lives to make this move towards the house, despite the great anxiety which this caused them, and their fears as to what they might 'get into'. Perhaps they did not feel any concern for anyone else. Yet they have now put themselves in a position where others have (albeit so far, minimally) shown a concern for them. How, or whether, this tentative beginning will in the course of time open up, and something

come of it, will in the case of each person, wait to be seen. A first step has already been taken by entering a place within which the twists and turns of this question, and the issues about which it pivots, may themselves come into view, a place within which this question may be opened and freely asked. The opening up of the question of concern is already the opening of concern. It is already opened where any gathering holds together and allows that which belongs within the domain of dwelling: dwelling's forgetfulness, waywardness, carelessness.

We may now 'flesh out' this discussion of 'concern' by taking up something of the style of day to day life. As grist to the mill of the everyday we may consider equally peoples' concerns and their 'unconcerns', or lack of concern, their cares and their carelessness, their absence as well as their presence. For we may be sure that in any community household people will in one way or another 'concern' one another whatever they do, and that this will be no less true where people, for one reason or another prefer to 'withdraw' rather than take an 'active part' in what is going on.

### Money

There was above all just one unwritten rule of the house at Portland Road: that each person pay his rent. The money was, strictly speaking, a membership fee, and for this reason, because it was not payment for the rental of a room, it was usually referred to as 'dues' rather

than rent. The importance of this money was obvious. In the first place, it was the only source of income which the house had; it depended for its continuing upon each person paying his way. Payment of this money, moreover, was an incontrovertible token or marker of a person's desire to stay in the house; it was an ante into the conversation.

People ordinarily paid these dues at the monthly business meeting, which would always be scheduled for one of the evenings when Hugh visited. Each person's payment was the same: in 1980 this amounted to twenty pounds per week. This included all the costs of running the house, fuel bills, maintenance, repairs, and so on, but did not include food, which was arranged and worked out separately.

People took it in turns to collect the cheques, complete the most rudimentary book-keeping, bank the cash, and fulfil such other tasks as fell to the treasurer. Beyond paying their rents, it was at business meetings that people claimed for household expenses for which they were out of pocket, such as bills, paint and maintenance materials, replaced kitchen equipment, cushion covers, and so on. On smaller items - new mugs, plates or bowls, for example - or on materials the necessity of which was beyond question (the replacement of glass for a broken window) people would simply act on their own initiative. Other items (e.g. whether to paint a particular room a certain colour) would usually depend upon agreement which might sometimes await hours of conversation.



Many of the people who lived at Portland Road survived on the most meagre of incomes, such as were provided by social security payments, or gained from - often demeaning - part-time or casual work. People therefore did from time to time lapse slightly in their payments to the house. Here, however, there was no question of getting away with a free ride. Again on a number of occasions the situation arose where, at business meeting time, a member of the house would not be in any position or state of mind conducive to the discussion of money or other such practicalities. The house usually was able to accommodate this sort of circumstance without undue difficulty, by making sure, one way or another, that the matter could safely be deferred. In the eight years of the house, only one person bluntly refused to pay the dues. When the woman concerned had become more than two months overdue with her payments, and after repeatedly having refused to discuss the matter, she was asked to leave.

### Food

Although it was by no means a house of gluttons, the rituals associated with food, at Portland Road, assumed a very considerable importance. Partly so, because mealtimes, and particularly, the occasion of the evening meal, tended to be the times when people gathered together. It was very much in accordance with the spirit of the place that the kitchen and the table be communal, and mealtimes an occasion or opportunity for people to enjoy some degree of conviviality. The principle that 'companionship' is an important part of eating well was more or less assumed.

It would of course be perfectly possible for a house to adopt a system whereby each person have his own little locker or shelf in the kitchen, which he could stock up with items of food of his own choosing, for his private 'consumption'; but such a household would hardly be expected to enjoy companionship in the same way or to the same degree. Such an arrangement, encouraged in some therapeutic residential settings, would to most people probably not feel agreeable. At the same time, it would not be sensible to imagine that a convivial ambiance is going to come about merely because a rule is laid down requiring people to eat together.

The way that the food money was worked out varied a little according to different phases or times of the house, but the basic principle which remained was very simple. It was a system which could happily accommodate - and in some ways encouraged - a communal table; yet it had sufficient flexibility to allow, up to a point, anyone who wanted to 'do his own thing'. All food, more or less, which passed through the kitchen, was regarded as communal, and belonged to everyone - irrespective of whoever had bought it. Each person kept a record of what he or she had spent on this communal food, and at the end of each week (or sometimes, month) the total cost of this food was divided among all those who were living in the house, those who had spent more than the average receiving a rebate from those who had spent less. Each person's contribution to the cost of the food usually turned out to be relatively small; it was always possible to live inexpensively at

Portland Road.

One advantage of this system was its simplicity. Any person in the house was free to help himself to any food which he might find in the kitchen - since it was in effect his. If, for some reason a person preferred to eat on his own - which some people did, some of the time - he could usually make do well enough without spending anything beyond his share in the 'collective amount'; without, for example, having to go out himself and shop. If people did prefer to do their own provisioning, privately, buying foods to their own personal tastes and eating them on their own, they were free to do so. They would, however, find themselves paying for this privilege, over and above their 'ordinary' share of the expenses, since 'carry outs' and other items of food bought simply for oneself were not usually included within the communal food budget. In fact, even where some people had much more money than others, spending on food was usually kept within the 'common wealth', and this sort of private feasting was not usual. At the same time, however, there were endless discussions, mostly of a rather light-hearted nature, as to what constituted legitimate food expenses, what sort of 'luxury' foods might be included within the budget, whether drink was a food, and so on. For the most part, the arrangement which the house came to, which assumed a certain amount of trust, was never abused, and people were not required to submit receipts at the weekly or monthly reckonings.

The provisioning, and buying of food, was usually quite well planned. Periodic visits were made, in the house van,



to a wholefood yard, and regular visits to the local market, for vegetables and so on. Most of the time the house was well enough stocked, at least with basic foods, and so the rather casual approach to the actual preparation of meals did not result in anyone having to go hungry. But casual it unquestionably was. In fact, although the evening gatherings did indeed constitute a particular sort of 'focus' to the day, and became an indelible structure of the rhythm of the house, such meals as were got together on these occasions were, as often as not, a result of some few people, or one person, getting something together with what was available, at the last minute, rather than as a result of some farsighted planning. At the same time, however, people would quite regularly - either by themselves or with one or two others - announce their intention to cook something on a particular evening, buying the particular ingredients they required and preparing some special meal or other. The house never showed a great fondness for any 'organized' system, such as a 'meal rota' - the price which was paid for this preference was that, inevitably, the tasks of cooking fell to some people more than others; and a rather thankless task this would sometimes turn out to be. Some people hardly ever turned a hand to these matters, but for different reasons. In some cases laziness and selfishness were conspicuously in evidence - these might meet with responses of teasing or sarcasm, or sometimes, after long periods of silent 'putting up with', with outbursts of indignant anger. In other cases, people were too 'freaked out', depressed or otherwise pre-occupied with their own miseries to engage very helpfully in day to day chores, and in these

cases - although they might equally be permeated with selfishness or laziness - a rather different response might seem to be called for. In instances such as these, for example, innumerable openings or opportunities would arise for people to extend towards one another simple gestures of helpfulness and thoughtfulness. Some people, particularly those who were more easy going by disposition, or more aware of the limitations of others, inevitably were more alert to these opportunities. Other people, on the other hand, found the apparent indifference of others towards the general disorder or even chaos which frequently characterized the domestic scene, to be unbearably irksome; they would find themselves to be constantly nagging or goading others to 'get it together' - or else silently and long-sufferingly taking it all upon themselves.

Similar considerations as apply to the preparation of food also applied to the various other household chores and tasks; washing up, tidying and cleaning, attending to minor repairs, decoration, keeping the fire in, and so on. Again, there was no rota or formal division or organization of labour - these various tasks were attended to and accomplished according to whomsoever was moved, or was nudged or persuaded into taking them on. People attended to these tasks to very different degrees, according to their inclinations, capabilities, and so on. Again, people attended to these tasks in very different fashions; light-heartedly, good-naturedly, uncomplainingly, long-sufferingly, guiltily, resentfully; also, people in doing these jobs differed very much in their ability or willingness to invite or ask other people to help them. It was not unknown for



some people to hog or take over for themselves in a rather greedy fashion some unpleasant chore, whilst complaining bitterly meanwhile that no-one ever helped them.

### Habits

In describing the fashion in which people came to sit round the table, we have been presenting an example of the habits characteristic of that household. Discussion of what is habitual is most important in an inquiry into what it is for a community or a household to be 'concerned'. In order to open discussion of the sort of care which the community exhibits, we need not set about some psychological inquiry into the true intentions or inner dynamics which motivate people's conduct, so much as notice the way they behave. Behaviour, or behaving is not just something that we 'do', any more than it is the 'response' to 'stimuli'; but it speaks equally of a bearing towards and of a 'hold' on things, or even the 'having' (be-having) of a world. In this sense, behaviour is 'inhabiting', or a holding and being held by a habitat. Here again, we are stressing the 'fit' or 'fittingness' which pertains between our habits and our habitat.

Our 'habits' are our 'second nature'. Once acquired, of course, they may come to possess a certain 'momentum' of their own, so that we cannot stop or discontinue with many of our habits just because it is now our wish. Our habits, however much we may want to change them, may be as recalcitrant to our will as any other 'disposition',



such as chronically bad posture, attitude or stance. The 'embodiment' of habit is well illustrated by technical skills of one sort or another. A pianist who takes up formal tuition with a teacher, where hitherto he was content merely to 'muddle along', may have to spend a considerable and arduous period of time 'unlearning' all sorts of wrong habits before the keyboard of his instrument opens up as a field of possibility in which he is now more free to move, or express a more full range of musical values.

Our habits, in many senses, become our way, although they might equally be said, upon occasion, to get in our way. When I speak of the habit or habits of a household, I do not have in mind simply the various quirks and idiosyncrasies of its members (for example the 'good' or 'bad' habits which they may bring), but more the 'way' that the household has become or evolved in its day to day being. I am suggesting that which has become habitual as a way of being together, or in this case, living together. Habits, or in the sense that I am now speaking, 'co-habits', may range from deep and long-established traditions (this is the way we do things) to the particular style of the moment, passing habits, which simply reflect the way things are at the present time. In either case, the particular habits of a household which prevail at any time will certainly colour, and may most decisively determine the manner in which a newcomer to the house takes up his position there. Such associations, friendships or intimacies as may open up between himself and the others do not occur in some vacuum, but in a lived context, from within a matrix of intentionality which already has a history and a 'way', and which may importantly

determine the possibilities of whatsoever may arise. Indeed, it is difficult to imagine what might be achieved were the 'ideal' of a 'clean slate' to be sought after. For habit - this is the way we do things here - far from being merely some 'negative residuum' in many senses constitutes that hinge upon which the very possibility of 'opening' pivots.

I have already mentioned some of the traditions and rituals of Portland Road. I shall now turn to a discussion of some ordinary, everyday habits, to give some idea of how the house, in its everydayness, was inhabited. I shall limit my comments to one 'family' of habits to do with the 'time' of the house: more specifically I shall try to bring out some different senses in which the 'lingering' of the household became a 'waiting'.

Now the house aspired to cultivate habits of attentive-ness, watchfulness, proposing that health and well-being are inseparable from freedom and interpersonal responsibility - and that they may be generated in a household whose members are attentive to the vicissitudes of living together. It is interesting to see how we may arrive at 'waiting' from 'attentiveness'.

'Waiting' is in fact a most interesting word, which comes from the Sanskrit vagas or vajas, meaning strength or vigour. From the Latin root we find vigour (strength, being in good health) vigil (wide awake) and such words as réveillez: wake up! From the Germanic: watching, being wide awake. We may say that to wait is to wake, to be watchful, (to wait upon, to be ready), and in this sense most befitting



a community which proposes to live 'therapeutically'. It is, furthermore, an attitude most befitting the role of the patient, one who is patient, who waits, allows or suffers.

The Portland Road household provided many striking examples of attentiveness, and willingness to attend. In many ways, the general preparedness on the part of people to put themselves out in attending to others - for example, staying up through the night when the occasion demanded - was quite unusual. There were many occasions of stirring, awakening and dawning, which in many cases were the fruits of a patient and watchful waiting for the right moment, or the right opening. When I speak, however, of the habit or habits of waiting being entrenched with Portland Road, I do not have in mind, primarily, that vigour, or potency, of being awake. It was rather a 'deficient mode' of attentiveness or wakefulness which in many ways most immediately characterized the ambiance of the household. It was less an awaiting from the watchtower, an awaiting for the messenger's beacon, or the first light of dawn - than the waiting of the prisoner, the awaiting of release, the killing of time. It was more the waiting of people who were not yet free to wait.

Very simply, for example, many people at Portland Road spent a great deal of time 'hanging around', 'doing nothing', waiting for the next cup of tea, waiting for the next distraction, or, during one particular phase, waiting for opening time. Inevitably, this sort of 'waiting' tended to be particularly characteristic of those individuals who did



not have any work, which was on average about a third of the house. Here, people tended to get up very late, and spend the next three hours 'waking up'. But they were by no means the only 'waiters'. Sunday, when most people were around, tended equally to be a day of waiting, characterised much of the time by a similar restless, uneasy boredom. It was the exception rather than the rule for people to maintain some interest or enthusiasm of their own, for example a sport or artistic activity, which had a power to take them outside of the house and enable them to return refreshed, or to take them outside of their pre-occupation with themselves and one another. Several people were engaged in studies of one sort or another, but tended for the most part to find the prevailing 'restlessness' of the house singularly ill-conducive to study.

Evidence of this 'living in waiting' was usually everywhere to be seen. "Put off what you can for as long as you can" - this might have seemed at times to have been one of the house mottos. There was as often as not a pile of dishes in the sink, waiting to be washed up. Such minor chores as arise from time to time in any household - unblocking the sink, changing a lightbulb, mending a fuse - tended to remain to be done, rather than immediately being attended to. There were invariably, too - and of course folded into these very details - a great many things which remained to be said, and which were all the more conspicuous in their being unspoken.

A particular inflection to much of this 'waiting' which people were engaged in was - waiting for the other

person to make the move. Thus one common structure of waiting arose where someone - or everyone - was waiting for the other to...cook a meal, paint the wall, set a tone, show a way, know what to do; or perhaps most painful of all, simply dare to speak of what might be on his mind. Whether through their self-consciousness, their self-doubt or fear of getting it wrong, or through mean-ness of spirit, people frequently found it enormously difficult to take a stand, or commit themselves unequivocally to some course of action, or initiate conversation about matters which patently needed to be discussed. Thus: 'I'm not going to move a finger if no one else does', 'I'm not going to put my foot in it', or 'I'm not going to be the one to open my mouth' were quite common attitudes. A further, and vicious, twist to tighten this spiral of inactivity arose where people watched (waiting!) enviously, resentfully and gleefully for those who did move to stumble and fall.

Insofar as these ways of waiting were rather endemic to Portland Road, habitual and so highly infectious (how quickly a new member will get the hang of it!) - the ambience of the house was much of the time listless, depressed, torpid, languid - depleted of energy. But where it was depleted of energy, this was largely because so much energy was invested in waiting, hanging around, doing nothing, putting things off, killing time, and so on. The waiting that I have talked about was far from being resting or restful, but was in many ways consuming or draining of energy. Here again we see a connection between vigour and waiting; one of the many senses in which the ambience of the house was deeply paradoxical arose from this sense



which it gave of enormous energy, at times closed in on itself, like a black hole; a density which could, from within itself, evidence little lightness.

For lightness of touch, the house counted upon its psychotherapist. Another form which 'waiting' took in the household, therefore, was 'waiting for Hugh'. Whilst it would be quite misleading to suggest that movement within the house was only initiated by Hugh, or that everything awaited his arrival, it would be equally misleading to gloss over the significance of the shift of tone and of nuance which characterized the conversation or intercourse when he was present, or to deny that people tended to wait upon his every word. I have mentioned his lightness of touch, and might equally speak of the playfulness which typified much of the time when he was present. Nevertheless, his presence, in the first place, introduced a note of 'seriousness' into the conversation, as is befitting an occasion set aside specifically for 'therapeutic work'. There was a tendency, accordingly, to some degree, not to take things seriously except when he was around. This was particularly - and ironically - the case in those 'heavier phases' of the household, where people would 'put off' all but the most trivial conversation until some occasion when Hugh was present, and often avoid it as long as possible, even then.

All sorts of rationalizations for 'waiting' or passivity were forthcoming. There were, for example, many variations upon the theme of - 'the enlightened man does not act until the moment is right'. The notion that an action which is not 'right' is wrong, doubtless, is one to be taken, in its



place, very seriously, and it is notion of some considerable subtlety. But the waiting of Portland Road was often far from a subtle waiting in 'readiness', and it is a long way from oracular utterances such as this to: 'I'm not going to do the washing-up until I'm in the right mood'. The delicacy of one's feelings is of course a rich source for righteous justification, and some people exploited this to its fullest extent. At one time a little astrological circle started up within the house, and this opened up new and undreamed possibilities for justifying the deferment of initiative.

For some of the people who lived in the house, passivity took a predominantly 'active' form, where, for example, they were constantly on the go trying to mobilize others, or to get things done. Here, a highly 'active' person might still be considered passive insofar as his actions were not free or autonomous, or insofar as he was not moved by his desire so much as his wish to please, his anxiety to be seen to be doing something, his inability to stay or remain, or indeed precisely his fear to wait. Some people whose disposition was of this nature were at the same time constructive and useful about the house; others merely made nuisances of themselves, constantly meddling in other people's business and getting in the way, whether or not they were trying to be helpful.

### Manners

Our manner is our way of going about things; the word (manus, hand) suggesting our holding or handling of the

world. Such distinction, therefore, as we may wish to draw between 'habits' and 'manners' is in many ways an arbitrary one. 'Manners', however, usually refers to the way in which we go about things with one another, to the hand which we extend, or refrain from extending, to another.

We may surely assume that the sort of manners which people display towards one another are vitally important in determining the particular ambiance characteristic of that company. The question of manners must be doubly important in the case of a community which aspires to live healthily or well. What possible sense does it make, for example, to imagine some community which claims to offer therapeutic treatment for its members if it does not recognise or attach some importance at least to the minimal notion of ordinary human decency? It is ironic that the 'helping attitude' of the 'caring professions' is particularly prone to lapsings from 'ordinary human decency', where, for example, in Heidegger's terminology, solicitude 'leaps in'. Some illustrations of this have been provided in the first chapters. But by no means was Portland Road exempt from this leaping in of solicitude, where, for example, people took it upon themselves, in their 'helpfulness' to extrude the mote from the eye of the other.

We might easily draw up, as a starting point, some list or catalogue of 'bad manners' which were either deeply characteristic, or else occasional, within Portland Road - and a long list it would no doubt be. In many cases these would be of a rather extreme nature, and touch not only upon people's finer sensibilities, but upon areas of rather



gross offensiveness, such that the question might starkly arise of when 'enough is enough'.

One young man, for example, a highly sensitive and artistically talented individual, who had spent several years in mental hospital undergoing treatment for his severely schizophrenic condition, was in the habit of exposing himself to the company and quietly and rather whimsically masturbating, only to give up after a minute or two, usually with a little sigh, or an ironic shrug. When this first started happening, it was met with an appalled silence. Subsequently, and when the futility of trying to discourage him had become quite apparent, and since he was in many ways quite well liked, his habit came to be treated by most people with a certain acceptance. On occasions when he went out in the company of others in the house, for example to a party, it caused considerable embarrassment and offence, just as it did on those occasions when he was visited, in the house, by his parents. People very soon refused to go anywhere with him. But within the company of the house his masturbating came to be, if not exactly ignored, more or less taken for granted; it became the object of a certain amount of dry amusement and good-natured teasing. In the course of this, it was hoped, he might find his way through to a way of being with others which was somewhat less masturbatory. But this did not prove to be so. He ran away from the house, and was brought back several times; and finally found his way 'home' to the back wards.

There were three occasions when a person went clearly beyond the bounds of what the house found acceptable, each



involving a matter of serious physical violence. In each case the individual concerned was immediately required to leave the house, since it had become clear to others that they were not safe in his or her company. Two of the attacks were made by people who had been living in the house for some time, and they were rather unexpected, although the person in each case was extremely disturbed. Neither of these attacks was made with any 'implement', no-one was badly hurt, and in each case it was with some regret that the person was asked to leave. This was not so in the case of the third attack, which was altogether more severe; it was made with a bottle, and the victim only just escaped being permanently disfigured. Her attacker was the young woman who was referred to earlier as having joined the house without having said a word, and the attack took place some weeks after her arrival, during which time she still had hardly spoken. She had, however, in the meanwhile already alerted the attention of others to the possibility of her becoming violent, to the extent that the house had resolved to keep a close eye on her all the time. It was in a moment of slackening of this resolve that her attack was suddenly made, and although the complete story was never finally unravelled, it seemed that her victim - who carried on living in the house - did to some extent 'ask for it'. The household, which was very full at this time, was extremely shaken by this incident, which took place at a time when many people otherwise felt things to be going well. It is perhaps significant that the decision on the part of the house to accept this woman as a member was the only occasion where the house went ahead despite Hugh's clearly voiced

misgivings.

Here we have touched upon areas of conduct which go far beyond 'bad manners' or even 'gross offensiveness'. It may not, however, be stark or crude violations of common decency which are most telling of the manner in which a community can become debilitated or sapped of spirit. More important, perhaps, are those examples of 'everyday' waywardness, whereby people fail to consider or to take account of one another, in ways which may become so subtle as to pass almost un-noticed and certainly unspoken.

Examples of this sort of thing, which often were far from subtle, arose at Portland Road where people failed to let one another know of their intentions or plans, or failed to keep in touch with one another over simple things. In some cases, for example, people would leave the house for a few days, or a weekend, without letting anyone else know that they were going away, or where they were going to. Or where they did tell someone, leaving this person to inform the others, he or she would forget to do so. Much more commonly, people failed to let one another know whether or not they would be in on some particular evening or occasion, with the result that whoever was bothering to cook a meal or be there for a visitor had no way of knowing who all was going to be around. Or people would forget to put food aside for someone who would be coming in later. Where these sort of examples of forgetfulness and bad manners prevail to a sufficient extent, the situation within the house as a whole may approximate to that state where no one feels he may count upon anyone else, or where people assume that



everyone else is indifferent to their presence, or absence. This situation, of course, is highly conducive to 'self-perpetuation'. Most informative within this 'self-perpetuation' may be subtleties and nuances of manner, quiet 'little murders' of day to day forgetfulness, unkindness, thoughtfulness; nuances of gesture and intention which close doors, close conversations. When these minutiae of violence, these little banalities of evil themselves become so much a characteristic of the prevailing discourse so as to be taken for granted, so as to be a 'collective' second nature, it is then that a household may give a most distressing sense of 'floundering' or having lost its way. But this emphasis may be reversed; and it may require very little by way of gesture to set things again under way. There is little in the 'therapy' of a community that is more powerful than the most simple acts of kindness, thoughtfulness or decency, which may be conveyed by the simplest of gestures, the finest nuances of language. If I am repeatedly stressing the 'negative' this does not mean that the power of kindness was not felt at Portland Road, or was missing. On the contrary, it was precisely because some degree of kindness always remained that the unkindness could be endured. I do not refer necessarily to kindness which finds its expression in some 'act'; it might simply be the kindness of remembering. This is clearly rather important in the case of people who stand at the very fringes of any membership.



## Friendship

Some discussion of the phenomenon of friendship is necessary to any understanding of what is a healthy or flourishing household community. What, first of all, is the place of friendship within such a household? We might recall the importance of friendship in Aristotle's discussion of human well-being, and his claim that "friendship seems to be the bond that holds communities together". Friendship here translates philia; we must pass over discussion of links which may be discerned, in Greek thought, between the eikos, and philia.<sup>1</sup> Nor is it possible here to enter into the full intricacies of Aristotle's discussion of friendship. We may, however, consider some of the 'elements' of friendship which bear most immediately and importantly upon our inquiry into the nature of a prospering household.

First of all, by invoking the notion of 'friendship' we are indicating a state of affairs where people enjoy one another's company, and take pleasure in being together. Clearly, this is not all there is to friendship, since people might take pleasure in one another's company under all sorts of circumstances where they would not consider one another to be friends; where we speak of a friendship we suggest, for example, some degree of endurance in time, and not just a passing pleasure. But - and this is crucial in our present study - where people do not take any delight in being together, or enjoy some degree of conviviality and companionship, but are merely tolerating or putting up with

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<sup>1</sup> See, for example, the discussion of friendship in Plato's Lysis.

one another, or are dutifully and earnestly trying to help one another, we hesitate to characterize this association as being one of friendship.

A further ingredient of friendship, a second characteristic of the bond which holds friends together is that of mutual regard or concern between the persons, such that each cares for, or holds dear, the other, for his own sake. It is clear from Aristotle's discussion of friendship that this consideration holds true even of those friendships which are delineated primarily by the pleasures or advantages which are enjoyed by the respective partners in the friendship, for example a friendship such as a sporting partnership which is occasioned or cemented by some particular shared interest or activity.<sup>1</sup> Again, therefore, where people are merely using one another for their own gain or pleasure, or advantage, in the absence of concern for the well-being of the other, whether or not they enjoy one another's company within this association, we do not feel called to characterize this as a friendship; the nature of the bond, at any rate, is not that of philia. It is precisely this sort of association which is suggested by accounts of therapeutic communities which recommend a 'social', 'community' or 'interpersonal' approach to psychiatry on the grounds that people need feedback from one another to help them with their psychological problems.

Finally, friendship must have some direct bearing upon the question of the degree to which people will find living in a 'therapeutic community' to be worthwhile. We may assume

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<sup>1</sup>See Cooper, J.M. (1980).



that living in such a community - particularly where it proposes as its therapy the attentiveness of examined life - will not be easy. In the struggle to surrender to this most arduous of disciplines, profound disheartenment and dispiritedness are inevitable. But in these dark nights of the soul, notwithstanding their structures of solitariness, life around will carry on. The distinction here, however, between finding one's self to be merely one in a seriality of individuals each out for his own, and finding oneself to be, however 'distantly', with kindred spirits, companions, fellow travellers on the same way, may be decisive. This particular inflection of 'friendship' stresses that communality of interest which may remind one of the continuing sense of the worthwhileness of it all, which may expand one's own particular concerns by placing them in the context of a broader, collective concern, which is itself a source of pleasure and interest. It is this sense of friendship, too, which we may have in mind when we think of 'belonging'.

I have mentioned three facets of friendship which seem to have some bearing upon the ambiance or the ethos of a community. These place emphasis, in turn, upon the enjoyment one feels in the company of friends, the regard with which one is disposed towards one's friends, and the encouragement which one will find by virtue of belonging to a communality of interest. We have suggested that friendship is not only desirable, but may be necessary to the well-being of a community. We may now consider the importance of friendship at Portland Road, and in particular we must ask what especial considerations applied there,



such that friendship may have been 'problematic'.

In the first place we must make it clear that friendship did indeed enter into our life of Portland Road. People got to know and to like one another, and they did so in ways which opened beyond the immediate context of the house, for example, going on holiday together, or getting to know one another's families. A number of enduring friendships were made, some of which survived long after the community. Members of the household would enjoy one another's company, or would enjoy being together; they took pleasure in the pursuit of common interests, and enjoyed a degree of companionship which unquestionably was worthwhile. The company was on many occasions convivial, enjoyable - fun. People turned to one another, and asked of one another, and put themselves out for one another - enjoying some degree of give and take which was not simply calculative or exploitative but was grounded upon a genuine liking and respect.

Yet no sooner have we made the claim that Portland Road was, in some respects at least, a place of friendship, than we must subject it to radical qualification. Friendship at Portland Road was far from being a simple matter; such was the situation there that friendship showed itself to be, in many ways, highly paradoxical. This paradox may be expressed quite starkly by suggesting that the people who came to the house were not yet free to have friends. Or the formulation might be reversed: they were not free because they had no friends. This sense, that a person may not be free without having friends is itself suggested by the etymological kinship of the words.

Portland Road was not characterized by that degree of coming and going, or movement, of friends, buddies or partners which we might expect of a house made up mainly of young and single people. Even those who were sociable by nature tended not to introduce friends to the house. Parties were relatively infrequent, invitations to friends to join the rest of the house, say for a meal, were equally rare. Whatever friendships were formed within the house, therefore, had something of a quality of 'shared insularity' about them; people in the house tended not to have outside friends who were regular visitors, or with whom they chose to spend a great deal of their time. Factual considerations, such as the point that so many of the members came from overseas, and that few had settled or established themselves in London prior to moving into the house, doubtless contributed to this relative insularity. But more telling reasons have to do with the dispositions of the inhabitants, and the personal circumstances which drew them to the house in the first place.

This 'friendlessness' was of course highly relevant to the ambiance which was found within the house. Its nuance of a shared insularity could sometimes shade into a 'celebration of being different', or even to a sense of barricading the doors against the world, or against a mad world. The ship of fools became a ship of pride.

There is a deep irony to the idea of a community of the friendless - and much of the friendship was deeply permeated with irony. An 'ironic friendship' might arise where two people each backing in retreat from the world



'bump into' one another. They might like one another well enough, and have a lot 'in common'; but if a friendship is to flourish there must come some turn about, or change of heart, whereby each is able to face the other, and thereby, the world. There were innumerable variations played out upon the theme - 'I wouldn't want to join any club that would have me as a member', predicated upon a sense of personal worthlessness, or arising from a position felt, to some degree, to be one of hopelessness.

I have suggested that the state of need in which many people found their way to the house was such that they were not yet free to have friends, or to find themselves open to the give and take of friendship. A further paradox which presented itself within the house may be put equally starkly; that they were at the same time not free not to have friends. Thus, whilst I have stressed that the ambience of the house was indeed one of 'friendliness' in many ways which are not lightly to be dismissed, it was at the same time true that this ambience was in some respects 'undifferentiated'. If the opening up of friendship, or belonging, was for many people 'problematic', the attainment of 'singularity', or that emergence, standing back or 'leaving', whereby one might be in a position to 'allow' friendship, was equally 'problematic'. People tended not to enjoy being on their own, not to take pleasure in their own interests, and to find their own solitariness unbearable. Where people found neither their own company, nor that of others, to be vital or refreshing, a state of conviviality would arise which was far from being a singular



belonging, but was maintained within a highly ambivalent nether region, which people found equally hard to leave, and hard to enjoy. Living together in this fashion, to the extent that it prevailed, had something of a sense of compromise. Contributing to this compromise, too, was some sense of having to be friends with one another, or having to assume friendship where it obviously was forced, strained or premature; of approaching friendship quite uncritically, or paying any price for maintaining some degree of, or even illusion of it. Partly, perhaps, through some recoil at the alternative, which might seem to be an endless and prolonged enmity with a person one sees and is up against day after day. For surely, to be on good terms with those one lives with is highly to be desired.

I have so far omitted from my account of friendship the matter of sexual pairings and partnerships within the house. If this matter is conspicuous by its absence, so, for the most part, were such affairs. Perhaps the most obvious reason why people did not enter into sexual partnerships with one another more than they did might be that they were not 'together' enough or sure enough of themselves to face the consequences of this coming into open discussion. They might have been very wary of risking the criticism, scorn, envy, jealousy of others, or of allowing to be brought into view the various implications of what they were into. The house was singularly ill-suited to the casual affair. The atmosphere of the house was, furthermore, one of such highly charged incestuousness that the consequences of any full-blown sexual entanglement which was not sure

of its ground might well have seemed altogether too much.

True as they are, these reasons possibly miss a further point. Portland Road highlighted the difficulties of sustaining a sexual relationship within a context whose discourse is so pervasively that of analysis. The household as a whole was in this sense like psychoanalysis, which is extra-ordinary in that it is a relationship about relationships, and not some paradigm of relationship. In the same way, one might say that Portland Road was not a house for relationships; it would miss the point to think of it as a setting which set out to provide the wherewithal to achieve the goal of healthy, solid relationships on the part of all those who were drawn there. And in this sense, Portland Road might be said to have been, if not exactly unliveable, at least in the colloquial sense of the word - impossible.

### An Ambiance of Concern

Our discussion of an ambiance of concern has been set within the 'common interest' of the household. If we propose now to formulate some tentative 'conclusions' as to what is meant by an 'ambiance of concern', we might begin by pulling together some of the threads which have emerged in the course of discussing this one particular household, all of which have some bearing upon the nature of a 'thriving household'. A thriving household, or a healthy economy, we may surmise, obtains where the bases of nourishment and protection, shelter and security are provided by the members



of a household who live together in some fashion which they themselves shape, and for which they take responsibility. Each member of the household will feel that he has a place, and a part to play; that he has a voice to be heard; and that his presence within the household is integral to the well-being of the household as a whole. That is, each person will articulate, in his own way, into a structure of belonging.

The members of the household, in going about their business, and attending to the various demands made upon them, will at the same time be attentive to one another, to one another's needs, circumstances and preferences (from each according to his means, to each according to his needs) and attentive to the interplay which is going on between one person and another. Furthermore, this sort of attentiveness will be habitual; it will be a part of the ethos or character of the house, and will neither need to be worked out at each moment, nor come about by obeying some rules of conduct. Finally, living in the household will feel to be worthwhile; the people who live together will find some degree of enjoyment in one another's company. Living together in such a house will be enjoyable for its own sake, not merely as a means to an end, or some burden or duty to be discharged.

Does this tentative notion of a 'healthy economy' satisfactorily bring together all of those considerations which pertain to an 'ambiance of concern' - and so enable us to understand more clearly what may be therapeutic about



community households? It would seem not. For does not this 'healthy economy' quickly descend into the caricature of a 'happy home', suggesting the snugness, coziness and satisfaction of a well feathered nest? Can we not easily imagine a household which runs smoothly, efficiently and happily - but which is at the same time egoic, complacent, smug? We may, in fact, be seriously misled if we think of an ambiance of concern in terms of some balmy warmth in which people are nice to one another - something which completes and is then completed. The ripples of disturbance which these images of placidity invite will be considered more in the following chapter.

But the same direction to our argument - a direction which leads to a consideration of disturbance - is already suggested by our existing account of Portland Road. So disturbing was this household that it most conspicuously failed to meet the above 'criteria'. Are we forced to conclude, therefore, that Portland Road did not exemplify an 'ambiance of concern'? This very term appears in a list of propositions to which this house was dedicated. Does this mean that this household fell far short of its aim, or somehow lost its way, and that others which are conducted in the same spirit equally are condemned to fail?

I have characterized those sufferings which brought people to Portland Road, very broadly, under the headings of disorder of waywardness of habit and manner; ways of rigidity, fixation, repetition and denial which stood in the way of open, spontaneous and free discourse between one person and another. It would be naive to expect that

these longstanding tendencies, dispositions and habits - such as illustrate what it is to be 'untogether' - might suddenly become transcended merely by joining a community such as Portland Road. People did not suddenly find themselves transformed upon entry into the community in some fashion such that they suddenly behaved openly, thoughtfully or straightforwardly. Far from this being so, as I have shown, it was conspicuously the case that people exhibited varying, and sometimes extreme degrees of 'closedness', selfishness, and so on; so much so that most people at one time or another felt the house to be a hell, and indeed spoke of being there 'for their sins'.

It would be equally naive to expect that all the troubles of the house would one day be sorted out or resolved, so that it would finally become easy and trouble free. For as people left the house and moved on to other things, new people would arrive, bringing with them 'fresh troubles'. Notwithstanding the experience which the household built up over the years, and which was carried forward by Hugh and some of the longer staying members, the house was in a sense always at a beginning.

What, then, is left of our 'ambiance of concern'? In the first place, a household which does not simply admit others on the basis of their 'winning ways', or on the basis of their being required to be some particular way, but allows equally their wayward ways, their errors and perversities, is already on the way to being a place of concern. But here, everything depends upon the nature of the 'allowing', or letting be. 'Letting be' is not mere



indifference, any more than is the concern which 'lets be' a concern which requires things to be other than the way they are. What is 'untogether' will be allowed, or where people come to the house showing a lack of concern for others, this too will be allowed in a concern which starts off with an acknowledgement of how things are.

I have mentioned the instance of an individual who repeatedly and openly masturbated in the company of the house. This was rather an extreme behaviour, and one which betokens a deeply narcissistic lack of concern for others. The concern which was shown towards this person did not take the form of forbidding this behaviour or requiring him either to change his ways or else leave the house - for this had been the story of his life. It was a concern which made clear to him - for the most part quite 'lightly' - that he was indeed blinding himself to the other in his way of going about things, but which at the same time made it quite clear that there were other things going on in the house which he was welcome to engage in, and which might in the longer run prove to be more fruitful and enjoyable. We know that he finally declined this invitation, but we have no way of knowing what value its having been extended may have had for him.

Hugh wrote of Portland Road that it 'proposes merely not to silence the unspeakable'. We may speak of the house as being concerned to admit or let into its conversation what has hitherto not been admitted or allowed (for example what is 'repressed' or 'unconscious'), or what already intrudes into the conversation precisely in not being said.



Rather than being ex-communicated, for example as a 'symptom', the untold or the unspeakable will now take its proper place in the prevailing discourse; or the homeless will now find his way towards home. But perhaps this begs the very question of concern's hospitality, assuming that the prevailing conversation is open, or 'wants to know', and is not itself 'unspeakable' in its unconcernedness. I have made it clear that this particular household at times lapsed significantly from any apparent open-ness or concernedness, becoming closed in on itself, languid and depressed, silent. Where, now, does concern begin?

Again, concern is forced to start with the way things are. Always, the house starts from where it is. If, at any time, the household finds itself 'unconcerned' - so must it be. No amount of wishing that it might be otherwise, or frantic activity predicated upon such a wish, will change this. If everyone is unconcerned, then the members of the household will find themselves living in the hell of their own lack of concern. The deeper their lack of concern, the more hellish the way they will find themselves living. But it is precisely 'concern' which takes stock of this state of affairs, and finds this now to be an 'object of concern', if only through the starkness of being up against it. It was a concern about the very hell of unconcernedness which finally would shock the house into its senses, or into a recollection which came about precisely through allowing this possibility to arise.

It was this very open-ness to possibility which makes it perhaps more accurate to speak, instead of hell, of

purgatory. It was indeed a possibility for the house to live 'unconcernedly' - and this must be the case within a concern which 'lets be'. But while the possibility of 'unconcernedness' was always open, it was at the same time a possibility which that very open-ness to possibility let be seen, come into view, or be shown. It is only within some 'ambiance of concern' that the very question of 'unconcern' will arise, not as a problem to be got rid of, but as a conversation to be opened.

I have so far suggested a number of 'minimal considerations' which have bearing upon the emergence of an ambiance of concern. In presenting this inquiry within the context of a household, I have brought into view a 'communality of interest' about which concern and concerns gather. My aim here has been to introduce what may be called an 'epistemology of dwelling' - a way of knowing one's way about in the sure-footedness of inhabiting, and a way of knowing one another which is a being at home with.

In discussing the manner in which this way may be opened up, as a way of being with one another which is thoughtful and attentive - concerned - I have suggested a number of issues about which this pivots. I conclude that a concerned ambiance is not simply some state of interpersonal well-being which is accomplished and having been accomplished remains to be bathed in, or maintained in some equilibrium. Rather, it is to be seen in terms of the possibilities which arise, and the manner in which they are taken up. I have spoken of the 'letting be' within which possibility arises, and in particular the letting be which

discloses 'unconcern', which then becomes a provocation to concern. We must now consider in more detail how this provocation may be taken up, and what responsibilities accompany 'letting be'. We must inquire first of all into that which invokes and provokes response, and secondly, into the nature of the reply.



CHAPTER TEN  
THE RESPONSE OF HOSPITALITY

Hospitality and the Other

I have chosen, as my heading for this chapter, the response of hospitality. Why response: are we not more accustomed to think of the 'giving' of hospitality, as an invitation, an initiating act, a first gesture? The word 'hospitality' carries dominant nuances of opening one's home to, sharing one's table with, of receiving a guest. Thus we speak of someone as 'hospitable' who makes us feel at home in his or her home. It by no means implies that such hospitality cannot be 'spontaneous' to say that it invariably obeys the various rituals and conventions of the particular society in which it is set.

These particular nuances of hospitality, as that which is shown to the guest or visitor invited to one's home, are crucially present throughout the following discussion. The nature of hospitality, however, must be more fully elaborated.

A consistent feature of mythological accounts of hospitality is the setting of the humble or modest abode. Typically, it is a peasant's hut, a byre or even a stable. The lofty status of the guest relative to that of the host, furthermore, is hidden, or disguised.

Hospitality, according to many of these stories, is a humbling. Humble, like 'homo' comes from 'humous', the earth, the ground. Hospitality is a bowing, a placing of oneself on the ground, before the other. This is very

reminiscent of the 'face to face' relationship discussed so fully in Levinas - a 'relation' which is of its very nature 'asymmetrical'. This discussion orients us quite fundamentally to our understanding of 'hospitality'. In the following discussion, however, I do not restrict my use of this term to those senses in which it is used by Levinas. Three slightly different 'senses' of hospitality which are present in the following discussion may briefly be mentioned.

- 1) Hospitality to the stranger, the 'outsider'; hospitality which is 'extended' to the wanderer or the stranger - in whatsoever transitional or transitory state, and contemporary guise he or she may appear. The ancient and 'hermetic' tradition of hospitality brings into view the thresholds of the dwelling or home, the marking and de-marking of boundary, the drawing, re-drawing and withdrawing of boundary. Hospitality arises at a simultaneous heightening and slackening of boundary. It refers to a transition or turn whereby the stranger, the enemy or inamicus, the host or hostile one - becomes the guest - a boundary crossing whereby the guest and the host become one.
- 2) 'Inner hospitality' - that is, the hospitality which people within a household show or extend to one another. The hospitality which is there to be extended, the hospitality which the house shows to itself.
- 3) The 'hospitality' of language. What is 'admitted' or allowed into the conversation. What is sayable,



speakable, or what must be left out to await the intermediary of hermeneutics, interpretation.

### Language and Articulation

We are concerned in these chapters with the opening up of the 'interpersonal' or the 'between', as this was exemplified within the Portland Road household. We are concerned at the same time, and equally, with that which stands in the way of this opening, or with that which comes between, and thereby itself calls to be opened up. We are concerned with the question of 'how people treat one another' seen in terms of the 'responses' which they make towards one another, and with that which occasions, or calls forth, different responses. We are interested, too, in peoples' accounting to one another, counting upon one another, and calling one another to account. And throughout this discussion we are concerned with questions of 'language', with the nature of language and the power of language. We are concerned with what is said, what is put into words, no less than what is not said, what is unspoken or unspeakable. We are concerned with what is gathered into conversation, and what is left out; with articulation and disarticulation.

'Articulating' is commonly used more or less synonymously with 'speaking', although it inflects towards the meaning of 'spelling out' or even detailing. To articulate is to speak or voice. But articulation is at the same time a joining, or membering, a bringing together or a



union. We speak of someone articulating his position or his point of view, bringing it, and bringing himself, into the open, into an open ground. Becoming a member of any company is an articulation, that is, an engaging or gearing, or phasing into a discourse, and a 'world'. We may of course think in some senses of a person articulating into an 'interpersonal space' without saying a word. The footballer whom we mentioned earlier may very precisely and with a high degree of sophistication, skill and sureness, be articulating into the play around him, embodied as it is in the gestures - the various movements, plays, parries, etc. - of his fellow players.

Many forms of dancing - for example country dances - display most elegantly the articulation of movement and gesture between persons, movements themselves articulated into and obeying the formal structures, or grammar, of the dance, itself articulated by the music. It is perhaps fanciful to speak of the 'music' of a household, yet within any household will be found themes and variations, harmonies and disharmonies, points and counterpoints, accords and discords - phased in and out of rhythm - and according to his response or responsiveness to the phasings of this music, a person who belongs to the household will be articulated or geared into, or attuned to, what is going on there. A person who is predominantly attuned to the echoes and reverberations within his own mind will in a certain sense be 'out of it', or 'disarticulated'.

We may now note some nuances of 'disarticulation'. Commonly a failure of some sort or other to find the right

words or allow them to come to one, or to speak, is suggested; we call, for example, a person inarticulate, when he cannot give a good account of himself. A disarticulation is a break; it may merely be a phasing which itself is a phasing into further articulations (e.g. a syntactical break) or it may suggest a more enduring 'separation' or coming apart. We may characterize a conversation between two people as 'disarticulated' where, for example, neither person is able to hear, recognize, or acknowledge the other. If one person through frustration or despair resorts to gestures and gesticulations these may provide clear articulations of a disarticulation. Actions and gestures of one sort or another may speak very well of what is otherwise not being said; consider, for example, parapraxes.

The following highly condensed account of a conversation illustrates some of these remarks.

A number of people were seated around the table at Portland Road, finishing a meal. An exchange takes place between two people, whom I shall call A and B. A asked B to pass the salt. B did so, but subtly passed it 'short', leaving A still having to reach out across for it. This simple action might easily have passed un-noticed; on this occasion it caught the attention of a third person, who, quite good naturedly, found the right word to characterize B's reply to A's request. It was grudging. A conversation opens up. In the course of this, B comes to acknowledge, rather shamefully and painfully - but also grudgingly - that



indeed, not only was this particular response 'grudging', but that his attitude or stance towards, generally, has for the most part been 'grudging'.

This pervasive 'grudgingness' was confirmed by others - it turned out to have been shown in many different ways, for example through dealings with money, with food, in a lack of willingness to respond to various invitations which people felt they had extended. The person I have called B had been living in the house for several weeks, yet had never quite 'unpacked', and kept himself very much to himself. Yet when he was around, he usually had endless complaints to make about the house - although quite mildly and even subtly expressed - and about other people who lived in the house. One of these complaints was that he was always left out of things; yet this was the first occasion, it seemed, when he came to recognize something of his own contribution to this state of affairs, that is, to assume some responsibility for the position in which he found himself.

This example, simple though it is, illustrates well enough a conversation opening up, and bringing in, weaving in, or including a person who had been, in some senses at least, keeping himself apart, or out of things. In this conversation the issue or matter is raised, of the manner in which this person, B, is present in the company. This particular question arose quite appropriately - it was quite fitting and timely that the matter came up, since it was already in the conversation, unspoken, and yet articulated, in a rather alienated fashion, in this gesture.



What entered the conversation already belonged within the conversation, in this instance.

What came of this conversation is another matter. I am by no means claiming that this particular person suddenly ceased to be 'grudging' in his manner or attitude, or that he now found himself at home in that company for which, hitherto, he had held back. Nor is it to suggest that this sort of conversation is in some way typical, as if all newcomers to the house were in some way challenged or confronted if or when their behaviour did not meet up to expectations. Some people spent considerably longer in the house before unpacking their bags, without entering any more than the most glancing, fleeting conversations with others; they succeeded in keeping themselves very much to themselves without being 'confronted' about this.

I have spoken of 'openings' and invitations to conversation. But by no means were all the conversations at Portland Road either 'open' or 'inviting'. On occasion, people's overtures to one another, or their endeavours to open up matters of consequence, to speak of what was going on, or what was on their mind, effectively closed off conversation or dialogue, and came to nothing. There were, needless to say, innumerable ways in which a person's 'openings' might have been less than 'open'. A person might open something up, or speak of something, for example, as a way of not speaking about something else, or he might speak to someone 'through' someone else. Many of the overtures which people made to one another were much less

invitations than accusations, complaints and demands, or ragings, often highly displaced. Furthermore, of course, such conversations as took place were contextualized, and so that what came of them, or what they led to, or opened upon depended enormously upon what conversations or goings on had preceeded them.

Upon occasions, 'accusations' may be 'to the point', and appropriate, where, for example, they express a heart-felt and justified indignation. An accusation will come differently from someone whose very style is accusing, whose position is one of 'offended against', a person, for example, who never takes account of how he himself is implicated in his own accusations, but who nevertheless 'stands accused' by his own words and actions. A person may place expectations upon others that he himself is unable to meet, and then accuse them bitterly when these accusations are not met, or when he himself is called to task. A person who constantly berates others, scorns or dismisses them for their various shortcomings, may of course be perfectly 'correct' in his observations, in his reporting or detailing of their trespasses and errings, without, however, telling the truth, or standing in the truth.

### Interpretation

We may take it as a self-evident 'principle' that truthfulness is crucially entailed in living well, and that the members of a therapeutic community which is to thrive must conduct themselves towards one another in some way



which is oriented to or open to truth, to the telling or showing of truth, or to the eventual 'outing' of the truth. It is, however, equally evident that the telling or showing of truth is often far from being a simple or straightforward matter, and this is likely to be particularly so in a therapeutic community, where people, characteristically, may not be in the habit of being straightforward with one another, and where situations arise which, far from being simple, are infinitely complicated, and made all the more so by peoples' evasiveness with regard to the truth. This is not to say that the people in Portland Road were in the habit of telling lies to one another in the ordinary sense in which we may regard others as untrustworthy or deceitful. People may, of course, be scrupulously and meticulously honest with one another in the sense of behaving reasonably and correctly, at the same time as conducting themselves in some degree of 'closedness' to the truth of where they stand with regard to one another, or what they mean to each other. They may, furthermore, be involved in various 'reaction formative' modes of relationship, where precisely the careful correctness of their behaviour betokens its underlying structures of inauthenticity.

The notion of 'truth' which is suggested by 'authenticity' or by speaking of the 'truth' of a relationship, is different in important respects from the truth of adequation or correspondence between reality and its representations.<sup>1</sup> And so, consequently, will the showing or revealing of this

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<sup>1</sup>See Heidegger, M. On the Essence of Truth. In Heidegger, M. (1978).



sort of truth take a different form. A community whose members are concerned to live truthfully or abide by the truth, does not proceed by 'observing' itself, and checking the correctness of its reportings or recordings against 'reality' - in the fashion in which a scientist may attempt to arrive at a true representation of the world. Were it to proceed on the assumption that truth is decided by the correctness of its reportings and its correspondence with the facts, a community might well be tempted to invest in video equipment so that the truth of what was going on would now be there for all to see. Except of course that this objectifying mode would now characterize the 'reality' of the situation - a reality which the objectifying mode would itself be unable to show forth.

The truth which is of the essence in psychotherapy, and in any therapeutic community - is grounded in the self-given-ness of things. Such truth is realized, or fulfilled, where persons stand in the grounding of this truth, or situate themselves within - take responsibility for, answer - the truth of the situation. The blunt truth of many situations which arise in therapeutic communities may well be unspeakable - and these situations may therefore continue to await that realization whereby they are shown forth in their self-given-ness - by being spoken, articulated, brought into the open. A holding back from the truth now permeates the truth of this situation, and according to the manner in which this truth is withheld, will arise various possibilities of untruthfulness of lying. But lying is not simply the obverse of telling the truth;

the two are not symmetrical, related as the correct and the incorrect account. Lying is grounded in truth, and the opening-up, or laying bare of 'untruthfulness' entails a retracing of the steps whereby we are misled from the original experience, or realization of truth.

Insofar as truth is grounded in the showing forth of being, it is never final. The truth is realized - but its realization is never complete; an illusion which is maintained only by the illusion of man as absolute spectator. A community may be oriented towards the true - but never will arrive, in the sense of achieving some totalization of its own truth, some co-incidence with itself, or perfect self-understanding. We may speak of a community living, or living out the truth in its manner of coming into being - but this very fact of its truth being lived ensures that it always awaits further realization.

At the same time, situations will arise within any therapeutic community whose truth urgently calls for elucidation or explication. Such situations may refer primarily to one particular person, and the position which he takes up towards the world and towards others. A person, for example, may decide one day to leave the community, when the truth of the matter might be that he never, in fact, 'arrived', and certainly never made himself at home. It may be important, therefore, if his leaving is not merely to be the negative of a negative, that this truth be made accessible to him, so that he might finally arrive at some position from which he might be more 'free' to leave, or free to stay. Rather than acknowledging his own



disarticulatedness, he may insist that the others in the house, despite their earnestly persuading him to stay, are for the most part uncaring and unsympathetic, and whatever truth there may be to these claims will it is to be hoped, come to light in the opening up, or elucidating of this, possibly highly complex, situation. Innumerable examples of situations such as these arose at Portland Road, situations whose truth originally was quite obscure, and which only began to emerge in the course of lengthy and often laborious conversation.

Consider, for example, the situation of the house being 'full', and therefore not in a position to take any new members. On the face of it this might be a perfectly reasonable explanation of the fact that a succession of visitors have been turned away with very little discussion, or have been received rather unwelcomingly. In the course of the conversation becoming opened up, however, it emerges that this explanation, notwithstanding its being quite reasonably consistent with the 'fact' of the situation, at the same time conceals the fuller truth. It may, for example, emerge that the 'fullness' of the house is in fact felt to be more of an emptiness, and that the inhospitality shown to visitors is in fact secondary to the prevailing 'inhospitality' which the members of the house are for the most part displaying towards one another. The stark truth of this situation may be quite clear for all to see - the house might be a shambles, with nothing being done, and no-one around. Or it might itself be concealed in a number of fashions. People might be quite active in



getting their own 'thing' together, but without having anything to do with one another. Or the emphasis within the house might shift in the direction of some desire for the 'quiet life' at any price. Here, there might be a sudden interest in decorating the house and making it more comfortable, which (however much it might be 'desirable') nevertheless speaks of a prevailing wish to impose a certain 'gloss' over a situation which is far from comfortable.

Another situation within the house which called for some degree of elucidation arose where two or more people found themselves in some or other 'entanglement' with one another, or remained at some particularly wearying 'impasse' whatever they might try to do about it. These entanglements - sometimes deep 'primal' struggles with one another - needless to say had upon occasion the most profound and far-reaching effect upon the rest of the household, where, for example, they silently pre-empted the opening of conversation. At the same time, these struggles inevitably were vehicles or instruments which carried resonances which were already in play within the house - so that other people might have various investments in maintaining this state of affairs, and ensuring that it remained 'unspoken'. In this sense, the house closely resembled a hanging 'mobile', in which the movement of each part was precisely keyed into the movements of each of the others.

Discussion of situations such as these, and the manner in which they were approached and brought to some degree of resolution, leads quite naturally to the matter of 'interpretation'. Situations such as I have touched upon, of

course, are such as give rise, typically, to quite different 'interpretations'. Someone 'interprets' the house as being too full, another interprets it as being too empty; someone interprets another's behaviour in a certain way - for example, as being 'grudging', and so on. Interpretation here is rather like a 'reading' of the situation; or the person interpreting the situation is showing what he 'makes of' it. And although it is a reading of the situation, by no means is it always a reading which demands to be spelled out in words. My getting up and leaving a tedious discussion, and the manner in which I do it, equally is an 'interpretation', just as is, for that matter, the play of bored gestures which I express if I decide to stay. Interpretation shows what things mean to us, and what we mean by things. And because the meanings of the world are inexhaustible, horizons which I can never get before or beyond, we might be said to be 'interpretative beings', beings who have a history, tell stories, or speak themselves into the world.

In the hermeneutic tradition of psychoanalysis, interpretation comes to mean more than merely a 'reading'. In the first place, interpretation here is called in precisely when the 'text', the text of the everyday, does not lend itself readily to any clear reading, when it is in some fashion obscure or hidden. Thus, for example, 'interpretation' is required to throw light upon the meaning of actions which otherwise appear unintelligible to their agent, or where his own account of his behaviour patently does not ring true, for example in the case of a rationalization. A rationalization is an account of or an accounting



for some action which may be quite consistent and 'correct', but which at the same time conceals its own intentions.

The classic example of a behaviour which calls for interpretation is of course the dream. Here, the dreamer creates the text which he himself is unable to decipher.

Psychoanalysis here makes the distinction between latent and manifest contents; interpretation now becomes a 'procedure which...brings out the latent meaning in what the subject says and does'.<sup>1</sup> The latent meaning is usually understood to refer to repressed elements which reside within the individual's unconscious, and which, through interpretation, become accessible to consciousness. This movement, of making the unconscious conscious through interpretation, is often thought of as occurring within some intrapsychic domain; it is spoken of, for example, as a widening of the patient's endopsychic perceptual field. This can be enormously misleading.

Psychoanalytic interpretation differs from philological hermeneutics, not only in that the flaws in its text are not 'incidental', but also because the text to be addressed itself originates and emerges in dialogue, shows itself in the articulation - disarticulation of the therapeutic dialogue, and is recovered in the course of this dialogue. It is in this text-context, in the relation of the dialogical situation, that the 'repressed elements' come between, and in the course of interpretation, working through and so on, show themselves in their coming between. The unconscious is not 'in one's mind', any more than is consciousness.

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<sup>1</sup>Laplanche, J. and Pontalis, J-B. (1980) p.227.



"The unconscious is in the world between us, the invisible structure of the visible."<sup>1</sup> The dialogical nature of the analytic situation, wherein interpretation finds its potency, follows from the 'dialogical nature' of repression, which is expressed in relation to a situation of dialogue.

Any interpretation is contextualized. But we must say more than this: its text is inseparable from, is woven into and out of its primary context, that of the relation between the persons engaged in the interpretative work, or play. An interpretation arises 'between'. For this reason, it is perhaps misleading to think of 'an' interpretation as the paradigm of interpretation; rather, any 'interpretation' may be seen as arising from within a relationship which is itself a way of being together that is interpretative.

If we think of interpretation as a 'reading', it is at the same time a 'sounding' and a 'resounding'. It is a 'telling' reading, which has a power to bring its particular text 'alive' in the very moment of its showing. It is the 'here and now' of interpretation - its timing and its timeliness - and its being to the point, that is, to do with essentials, which is crucial, and which draws attention to the originary nature of interpretation. Interpretation is a showing or present-ing; a showing, for example, of how a patient's words reveal, speak of, or invoke his whole world. The potency of language in interpretation - its power to awaken - arises from the fact that words are not being used to represent 'contents', but point to and draw

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<sup>1</sup>Romanyshyn, R.D. (1982) p.159.

from sources and origins. Here, for example, language shows how the world 'originally' appears to the patient; buried, as it is, not in the past but in the present.

Interpretation is using language to present the patient's prereflective world to him, to offer him insight, to reveal to him that that is where his essence lies. The world has to be mediated to him, as it failed to be adequately mediated by his parents. It directs attention, not to this or that attribute of his world, but, by means of a shock, to a circumspective whole, that pre-<sup>1</sup>sents itself as focalized in this or that event.

Interpretation, then, is a showing of what shows itself in the between of dialogue, in its fullness; a showing by responding, of what the unfolding or revealing of the dialogue is saying. Interpretation is resonant to, and sounds, the pre-articulate stirrings and murmurings of the pre-reflective, lived world - the lebenswelt - in which truth or essence are grounded, in such a manner as to open the possibility of some re-integration of the chatter of everyday being with its silent pre-reflective sources. Interpretation, therefore, is closely akin to Socratic maeutics or midwifery, in - in the face to face of dialogue - being present at, and in the service of the emergence or appearing of essential meaning, or truth. It is this attending or attentiveness which, in the therapeutic situation opens the possibility of patient and therapist finding themselves together as participants in the truth of their situation.

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<sup>1</sup>Heaton, J.M. (1972).



In Portland Road, Hugh took up or occupied a position which was, in a strong sense, interpretative. On the cross-roads, or trivium, of this common place, the dwelling - within which he was both at the centre and the outside - he played the part of Hermetic intermediary, through whose mediation the boundaries of relationship emerge, and through whose words, in what they show, a guidance is offered through those enigmas which arise at the limits of what may be spelled out. The 'interpretative mode' in this house was lived out, in the first place, on those particular evening gatherings when Hugh was 'in attendance'. These meetings, punctuating as they did the 'ongoing' or abiding conversation of the house, took up its themes and sub-themes and allowed them to be brought into a fuller and deeper articulation. But the very fact of the belonging of these conversations 'at home', their gathering round the same table as the 'everyday', their phasing into the time and times of the house, their interweaving of text and context, suggest an opening up of the boundaries of interpretation which distinguishes this from any ordinary analytic situation. The household lived in a manner which was itself 'interpretative'. The essential space of the house, and its time - the space and time, for example, which show themselves in opening up between - were disclosed by the 'interpretative' words, gestures and actions of those who lived there, as being realized now in this way, now in that; and very powerful interpretations these could be. The response of hospitality is an 'interpretation' which shows a ground of meeting, and each person belonged within a household which was concerned with some realization



of hospitality, which was concerned to 'show' hospitality. The everydayness of the house was not some neverending darkness to which formal meetings suddenly brought light; rather the interplay of the visible and the invisible, of appearance and non-appearance, of hiding and showing, of remembering and forgetting - permeated the households staying. Echoes of conversations would linger in the house - echoes of 'interpretations' half heard and half understood, whose full realization awaited the fullness of time. For some people, as for the entire household, the truth of some interpretation was as barely discernible as "A wind-born echo of a distant call". (Heidegger.)

The realization of interpretation's truth may call for hard work. Here we may make use of the psychoanalytic notion of 'working through'. 'Working through' in psychoanalytic writings refers to "a sort of psychical work which allows the subject to accept certain repressed elements and free himself from the grip of mechanisms of repression. It is a constant factor in treatment, but it operates more especially during certain phases when progress seems to have come to a halt and where a resistance persists despite its having been interpreted".<sup>1</sup> Here, our preference is to speak of a thoughtful, or a reflective work, rather than a 'psychical', just as it seems more correct to think of the 'repressed material' to be worked through not as belonging to some cut-off psychic part, but as belonging to an area of my life which I hold at a distance, refuse to

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<sup>1</sup>Laplanche, J. and Pontalis, J-B. (1980) p.488.

bring into discourse, and thereby maintain in incapacitating attachment. But in any case, it is first of all necessary that this 'repressed material' be in some way shown; that what is disowned, and refuses to come into co-existence be brought into view, disclosed and spoken of. Working through follows interpretation.

But we have seen that the time and timing of interpretation is of the essence. A person, or a group of people, may not yet be 'ready' for an interpretation which it nonetheless invites. Between the interpretation and its dawning, between the hearing and the realization, between the showing and the seeing - comes the work of 'working through'. Working through, if it is to be successful, bears the fruit of insight, the co-inciding of thought and being. The truth dawns; suddenly... gradually... finally... eventually. The penny drops. There occurs a realization - a seeing of what hitherto was only known. At this point, the patient - or the household - may become free not to repeat.

### Working Through

Through the notion of 'working through' - inseparable as it is from 'interpretation' - we may approach one essential component of the work of the house. To be sure, there was always more 'ordinary' work of one sort or another to be done which was equally essential; and yet as I have already made clear, the most everyday things and matters were in many ways the very 'stuff' of working through, or the material with which the house worked. And thus the



kitchen was in many ways the 'alchemical workshop' of the house.

At the same time, it is true that each person's task was different, according to the particular nature of his or her own 'unfinished business'. Each person's way of being is of course different, and so is the fashion in which he loses his way, or comes no longer to know his way about in the world. So too, what gets in the way shows itself to differ from person to person.

A dwelling is a place where these various singularities of being belong together. We might say that the way of being human is that of a singular belonging, and that where a therapeutic community is able to help a person, it is partly through enabling him to realize his singularity in belonging. We have spoken of the 'way' of a household or therapeutic community, suggesting that this way is shaped or unfolded according to the fashion in which people find their way with one another, or find themselves at home with one another. Here we arrive at the ground to be worked through. In Portland Road, what, above all, called to be worked through were matters such as - what people 'got into' with one another, what they found themselves living out, and meaning, with one another, whether this was enjoying or enduring, or injuring. A particular inflection to this was a working through occasioned by a person now wanting to get out of something that he found himself into with someone.



I may turn to some illustration of the 'working through' of Portland Road, by addressing myself to the theme of 'withholding', a holding which is 'from' or 'against', at the same time as being 'with'. The many possible variations upon this theme include - holding back from..., withholding oneself, keeping oneself to oneself, withhold one's voice, keeping things in the dark. In this theme - as general as it is - we touch upon issues which bear upon the singlemost 'symptom' common to all members of the house, and to the household as a whole; insofar as we may think of a symptom as showing itself or announcing itself precisely in the manner in which it is withheld, or not yet brought forth into 'communication' or articulated into language. Insofar as a person has not yet found a way to speak of his sufferings - by no means is this simply a reporting of his 'problems' or saying what is the matter with him - or open up that which he finds himself 'in' or up against, by bringing this, or allowing this into the play of discourse, this very withholding will remain as a 'symptom' to be shown and worked through.

A very obvious example of the 'withholding' which showed itself within Portland Road occurred when, upon evening gatherings with Hugh, the chatter suddenly stopped and the room was held in silence. This was the 'Portland Pause' - and a long and painful pause it often proved to be. Sooner or later it would be broken; perhaps falteringly, and punctuated by further long silences, or perhaps some crucial 'shift' would occur, and the conversation suddenly take off.

This silence, we may note, was in a sense already powerfully 'interpretative' - prior to its situation becoming taken up, opened out and 'interpreted' in the course of discussion. In its tellingness, it showed, precisely where everyday chatter might serve to obscure this fact, how unsure was the prevailing discussion within the house, how guardedly it was entered, how permeated it was with undercurrents which no-one dared voice. Again and again this silence, and that of which it spoke, was 'worked through', only to arise again, as a never-ending point of departure. Different themes would arise, be taken up and opened out, weaving in each person in turn into the conversation. Some people remained for the most part on the margins of these conversations, although for each, sooner or later, his 'time' would come - whether this would be a 'turn' in the hot seat, or a turn to tell his story, or bring himself into the story of which the household was a telling.

As a specific example of a 'withholding' I have mentioned the instance of 'grudgingness', pointing out that in the case of the person who particularly exemplified this, grudgingness showed itself repeatedly in one situation after another. Some of the structures of this grudgingness began to open out. Within his own family, his presence had been begrudged, and in many ways he still felt himself to be 'on the outside, looking in', and stubbornly maintained himself in this position. He took up work as a window cleaner. In the course of getting into things, to some extent, with others, he gradually became more aware of his position - and now the manner in which others were



less than inviting towards him, and showed some degree of grudgingness towards him, equally came into view, were brought into the conversation, and worked through.

Another member of the house, a highly sensitive young woman, kept herself to herself, and withheld from the community by living her life in the modality of 'sulking'. This, however, was no 'ordinary' sulk, such as a person might sooner or later be teased out of by simple kindness or good-natured playfulness, but a deeply entrenched, and profoundly unyielding attitude towards the world, which, notwithstanding her obvious capacity for momentary play, entailed a far reaching denial of desire. Although she was a very significant figure in the house, and made her presence very well known, her position was always one of great fragility; and although most people were fond of her, this was tempered by a certain impatience, since she was always on the brink of leaving. In fact, she left the house on a number of occasions, to a world which was able to offer her little solice; she would come back, but still remained always at the edge of things. As often as not, she would eat on her own; and when, in the summer, most of the household spent a few weeks in a cottage in Wales, she camped in the field alongside. She succeeded in weaning herself off psychiatric drugs, and although she did not ever quite make herself at home in the house, she was able to make use of it as a secure enough and provocative base from which she could engage in psychotherapy. If she herself only tended to enter the conversation on the edges, a great deal of conversation was taken up with discussion of the household's various responses towards her,



with the manner in which people either gestured invitations and made openings for her, or else, perhaps with the best of intentions, only succeeded in turning her away.

Here we touch upon a further facet of withholding which equally, and sometimes especially, may show itself to call for thoughtful attention. I refer to those possibilities of withholding - keeping back, hiding or concealing - which, on the face of it may appear as a coming forward in solicitude or helpfulness: a caring or concerning which, despite its well-intentionedness, is merely, or largely a 'going through the motions'; a trying which is indeed 'trying'. We now turn to consider some of the responsibilities of 'helping'.

### The Responsibilities of Helping

A certain amount of confusion possibly arises within the 'helping professions', from assuming that there is some autonomous activity in which people can engage themselves - of 'helping'.<sup>1</sup> It may well be that professionalized helping lends itself particularly to that position being arrived at (in the face of a person's helplessness) whereby

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<sup>1</sup>This is referred to by one author as 'exhibiting helping behaviour'. This author develops a Helping Scale, by compiling lists of different 'helping behaviours', and administering it to over two hundred psychiatric patients. In the subsequent factor analysis, three factors emerge. These are (1) a Friendship factor (for example 'one patient tries to show another that he cares about him'); (2) a Directive Teaching, factor ('one patient helps another by getting him to follow a schedule') and (3) a Supportive Enhancement of Self-Esteem factor (for example, 'one person treats another as a competent and responsible person'). Moos, R.H. (1974).

people find themselves having to be seen to be doing something - helping - in some fashion such that those possibilities of standing back and letting be, and of whatsoever might come of this, are unquestioningly pre-empted.<sup>1</sup> Rather than it being some proprietary activity, I believe it is the case that 'helping', like 'hurrying' or 'caring', and unlike 'singing' or 'bicycling', is an example of what is termed by Gilbert Ryle an 'adverbial verb'.<sup>2</sup> That is to say, there is no such activity as 'just' helping or 'just' hurrying - when we characterize a person as helping, we are saying in effect that he is doing this or that, helpfully, that is, with a view to offering aid, or comfort, or assistance. Likewise, when a person is hurrying, he is... eating his breakfast, going to work..., with a view to getting it over as quickly as possible. The injunction - Help! (like - Hurry!) thus differs from - Sing! or Bicycle! - and tells us in effect to do something, such as the particular situation demands (throw a rope, apply first aid). Beyond whatever it is that I now find myself doing, and the manner in which I do it, we may look in vain for some additional activity which is a 'helping'.

Ryle's coining of the term 'adverbial verbs' arises within his discussion of 'thinking'. He argues that this, too, is an example of such a verb; and he is, I believe, illuminating, and more or less correct. Without going into his various arguments, we may note that doing something thoughtfully is in many senses very close indeed to what

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<sup>1</sup>See Goldberg, A. and Rubin, B. (1964).

<sup>2</sup>Ryle, G. (1971).



we mean by helping. Helping someone, or behaving helpfully in some situation, is rather like using our wits; it is doing what, in our most discerning judgement, is most fitting, appropriate - or called for. And in many situations, of course, what is most fitting or appropriate - and therefore helpful - is that we simply get on with our own business.

It is hardly necessary to point out that innumerable situations arose within Portland Road which lent themselves to helpful responses of one sort or another. A very simple example of a helpfulness which in itself was quite modest - but by no means insignificant - was illustrated by one person who could always be relied upon to wash the mugs, put on the kettle and keep the tea flowing. This is a very ordinary example of her style of helpfulness, which showed itself in an unflagging but sensitively unobtrusive attentiveness to basic details, such that the right things would invariably appear at the right time, at hand. She was helpful in her capacity to gauge and acknowledge the order of things, and to stand in the service of this order. Another simple example of a helpfulness which helped things keep going in the face of enormous difficulties is provided by another person who, as a matter of course and without having to think about it too long, replaced the succession of window panes which became smashed when things started flying around. And innumerable other examples of helpfulness, by getting on with, and attending to things, without any particular fuss, including rather thankless jobs, could also be mentioned; just as in most other households, this



sort of helpfulness is usually simply taken for granted, but they are nonetheless vital ingredients in what it is for any community to be 'therapeutically helpful'.

People in Portland Road were also helpful in their more 'immediate' attentiveness to one another, in innumerable ways. And here again people differed enormously as to how helpful they were or proved to be in different situations with one another, according to how much time they had for one another, how straightforward, or open to these situations they might be; how aware of themselves vis-à-vis others they were, how sure of their ground, and surefooted in finding their way about. Obviously, a person is going to be much more likely to find himself in a position where he can respond constructively to a situation where another is in some way asking for help, where he is able to bracket off his own immediate anxieties and worries sufficiently to read the situation, and act accordingly.

A most important aspect of being helpful is that of knowing one's limitations. Indeed, recognizing, and where necessary, making clear to others the limitations of one's capacity to respond may itself be enormously helpful. Where a person presents himself to others as being helpful in the absence of any track record which supports this, all sorts of possibilities arise whereby he may succeed in making a situation very much worse. A person who mends broken windows may be helpful; but where he takes this on and then breaks panes as quickly as he tries to fit them, or gives up halfway, he might well have spared everyone a lot of inconvenience by simply calling in the glazier, in

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A most important aspect of being helpful is that of knowing one's limitations. Indeed, recognizing, and where necessary, making clear to others the limitations of one's capacity to respond may itself be enormously helpful. Where a person presents himself to others as being helpful in the absence of any track record which supports this, all sorts of possibilities arise whereby he may succeed in making a situation very much worse. A person who mends broken windows may be helpful; but where he takes this on and then breaks panes as quickly as he tries to fit them, or gives up halfway, he might well have spared everyone a lot of inconvenience by simply calling in the glazier, in

the first place. And where a person merely goes through the motions of being helpful, without in fact knowing what he is doing, or taking on, his attempts at doing the right thing may have very serious consequences.

A young woman who moved into the house, for example, asked another member to take care of her psychiatric drugs, feeling that she could not, herself, handle them responsibly. She subsequently hit a very evident bad patch, asked for her drugs back, and promptly took an overdose, from which she was lucky to recover. The person who had 'helped' her had kept his conversations with her entirely to himself, not considering that the matters she was raising were worthy of some discussion with Hugh and the rest of the household. In the course of this whole episode subsequently becoming opened up, it turned out that a precipitating factor in her action had been the thoughtlessness of another 'helpful' person in the house, who had led her to expect some dependability from him which was not, when it came to it, evident.

Helping may become decidedly unhelpful where a person gives help in denial of his own need of help. A person may, for example, engage in a greedy giving, or a caring which is 'consuming', or permeated with pity or proud condescension. His much vaunted concern for the other may be little more than a concern at the other's capacity to arouse his own anxiety, and so in his caring he may now be engaged largely in a controlling of one sort or another.



The following illustration touches upon many of these issues to do with 'helping'. The questions which this episode raised, from day to day, suggest something of the manner in which the household found its way towards doing what seemed to be right, what seemed to be most helpful - in the face of another person's seemingly complete helplessness.

Peter was a young man of twenty-three when the household first met him. He had been in and out of mental hospital since leaving school, being diagnosed either as catatonic schizophrenic, or else suffering from a severe and chronic depressive illness. Outside of hospital he had lived for periods on his own, and succeeded in holding onto short-term and casual jobs; he had also stayed for a period in a therapeutic community run by a large organization. He displayed many of the features of the classic 'revolving door' syndrome. He had undergone intensive and extensive treatments of E.C.T., together with heavy medication, without any lasting signs of improvement. He had now come to feel that these treatments had damaged his brain, his capacity to 'think', and any further treatment was probably going to be the 'last straw'. There was some reason to believe that the hospital from which he released himself was in fact proposing to offer him a leucotomy.

Through the help of a social worker who had taken some interest in his case over the years, he found his way to Portland Road. He arrived from hospital one evening, by ambulance. He looked quite wretched, and had very little to say for himself beyond stating that he wanted to 'withdraw',

to 'think'. He maintained that he had been trying one way or another to withdraw over the past few years, but never had been allowed to go through with this. Peter was accepted into the house without too much further ado, and moved in a few days later. He pottered about the house for a couple of days, but gradually retreated to his attic bedroom.

He was to spend the next two years in bed, virtually without moving. He would have been described in hospitalese in the following sort of terms: withdrawn, negativistic, bodily obsessed, incontinent of urine and faeces, lacking in affect...

There were occasions during these two years, particularly towards the end, when he would speak to whomever was present with him. From these brief conversations, and from the jottings which he would from time to time leave beside his bed, others in the house managed to glean some rudimentary idea of what he was on about. It all seemed to pivot upon his wish to withdraw. He wanted to be left utterly alone and uninterrupted, so as to be in a position to 'find himself'. Throughout his life, he felt, he had been little more than what others had expected of him. Now he was engaged in some last ditch attempt to retrieve, from the silent depths of his solitude, that which there might just be left of his own self.

He claimed that his life was utterly in balance, on the edge, and that, in order to survive, he had to remain absolutely still. He insisted on being left completely

alone. He required absolute silence while he 'thought'. Every sound represented an agonizing distraction. Every move he made was agonizingly critical. Every word that he spoke was at risk of his life.

In his writings he again described something of the delicate balance he was trying to maintain:

I desperately need to put all my energy into facing my anxieties full in the face and battling against any retreat into distractions such as 'displaced anxieties' which prevent me from coping with my real anxieties, make me lose my grip on reality and put me in a state of panic. Noise is a particular threat to me as it is an external distraction I cannot fight, preventing me from thinking and furthering my moments of panic. A loud bang in the night shatters my vision leaving me in a terrifying darkness for about two hours while I work my way back to clear vision.

How could this household 'help' Peter? Presumably, by taking him at his word, allowing him to do just what he seemed to want above all - to withdraw. But how is this request to be interpreted? Peter asks for nothing save to be left alone. But he asks this of a company, with whom he had now chosen to live. It is at least a paradoxical request. Does the house acquiesce to it by ignoring him? It is difficult to 'ignore' someone so 'close' and yet so far. Do people tip-toe past his bedroom door out of consideration for his rather extraordinary sensitivity to noise? Or is this merely playing into some grandiosity? At what point might others find it appropriate to step in? Should they wait for him to ask? Do they wait until the smell from his room becomes no longer bearable? Should the house let him starve to death? At one time he was down



to five or six stones, wasted and emaciated, stinking, covered with bed sores, crawling with bugs. When is enough enough?

There were endless conversations in which these matters were discussed - and in this sense Peter for a long time occupied a position which was quite central within the house, a fact of which he was doubtless rather well aware. People showed different degrees of interest in having anything actively to do with him, but for the most part there was a general agreement as to the sort of approach to take towards him. This was to interfere as little as possible; but at the same time to assume - in the absence of any instruction to the contrary - a freedom to interpret Peter's request to be left alone, as people thought best, and not necessarily 'literally'. Two people in particular made it their business to keep an eye on him; they left food by his bedside, which in minute quantities he would eat, and they kept him from becoming too filthy. They encouraged some minimal movement of his limbs, and also gave him periodic baths, carrying him, silent, limp, and with an expression of long-suffering agony on his face, to and from the bathroom.

There were many difficult decisions to make. His parents kept visiting, with a view to seeing him. Had they done so, there is little doubt that they would have taken him away, there and then, and possibly had the house closed. Should they see him? What does Peter have to say about the matter? Nothing. So the question is put to him, roughly in this way: "Peter, your parents are here.

They want to see you. You won't say one way or another whether you want to see them, so it's not easy to know what to do. But you did say when you came here that you wanted not to be disturbed, and so we shall assume, then, in the absence of any contrary indication, that you don't want to see them now, and we'll tell them so."

What does the house do in August, when almost everyone is planning to go away to the cottage in Wales? Again Peter is consulted, and this time he is quite clear: he doesn't want to go, he wants to be left alone. But the one or two people who are staying behind certainly don't want to look after Peter. So Peter comes along, bundled into the back of the Volkswagon van with his shitty mattress and stinking blankets. The cottage is smaller than the Portland Road house, and now there is absolutely no chance of Peter getting any quiet at all. And so now there is another little tent in the field - in the opposite corner of the field - and here Peter spends his days screaming at the sheep, because now they are interfering with his 'thinking'.

Peter's situation was a very serious one indeed; he was probably quite right in thinking that his life was so delicately balanced. The household, too, walked a very fine line with Peter. The fact that it finally worked out well is in part due to the fact that the household didn't take it all that seriously: in many ways his stay in the house was a source of much amusement, of which he was well aware. It was without doubt most important to his eventual re-articulation or recovery that, despite his pleas to be

left alone he found himself in a place where life, in some degree of vitality and quirkiness and not just in the sombre earnestness of 'helping', carried on around him.



CHAPTER ELEVEN  
SANCTUARY

Crises

In some senses the state of Portland Road was always critical, and certainly in the sense of being testing, discerning. There were, however, throughout the life of the house some times which were more critical than others, just as there were times which were testing in different ways. In the beginning, for example, there were moments when the house seemed particularly fragile, uncohesive, faltering - to the extent that it seemed quite possible that it would never get 'on the ground'. These were critical times quite different from those endured in later years, when, for example, the local council tried to have the house closed, or when there arose certain 'crises of complacency', when the holding-together of the household was in many senses no less fragile, but the sedimentation of habit offered many of the members more by way of secondary gain.

In this chapter I am concerned with one particular sort of crisis - and the response which was forthcoming - occasioned by the arrival of some person at the onset of an acute psychotic breakdown. There seems to be every reason to believe that this will indeed be a most critical episode in any person's life, a state of profound helplessness in which the individual may well be in some very considerable peril.

These were 'critical periods' for the household, too, in that its capacity to hold, to offer hospitality, were tested to the limit; and indeed the house did not attempt

this on its own. In these critical times, the household turned to the supporting network of its immediate friends in order to be able to hold it all together.

It is not my purpose in this chapter to enter into any detailed discussion of the nature of psychosis, or of the factors which might lead to or precipitate psychotic episodes. These various matters are discussed in considerable detail elsewhere, from different standpoints and with differing degrees of theoretical soundness. My task here is the more modest one of providing an account of how this particular household responded to the circumstance of a person finding his way to the house at the onset of a severe psychotic breakdown, showing symptoms which would indicate a diagnosis of acute schizophrenia.

During the life of the house, there were five occasions when its membership included some person who was quite clearly and unequivocally, acutely psychotic, and in each of these cases the person came or was brought to the house at the onset of the psychotic breakdown. In two of these cases, the house proved to be unequal to the task of holding or containing the person, and thereby allowing their episode to take its unimpeded course. Consequently, each of them ended up being heavily medicated; in one case in mental hospital, in the other, in the hospital wing of a women's prison. In the remaining three cases, the person stayed and was held within the house for the full duration of this psychotic episode, and for the weeks which immediately followed. They enable us to glimpse, therefore, something of the wholeness of the episode, which was known in the

house - in keeping with the vernacular of the times - as a 'freakout'.

Of these three people who 'freaked out', two were already patients of Hugh, who had been seeing him for some weeks before their coming to the house. Each of them had previously undergone medical treatment for earlier psychotic episodes, and by means of drugs their difficulties had been temporarily held at bay. They entered therapy, however, on the assumption that their troubles had by no means finally been resolved; they anticipated further psychotic turmoils, as subsequently proved to be realistic. The third person, who, although like the others was English, was working overseas at the time of his breakdown. At that point he was temporarily sedated, flown over to London and immediately brought to Portland Road by members of his family who had had some earlier contact with the Philadelphia Association.

This is not the place to enter into any detailed 'case history' of each of these persons. I shall make no attempt to fill in the family background, nor to describe the circumstances of each or any of these people prior to their arrival in the house. They are not presented, therefore, to provide evidence for any particular 'theory of schizophrenia'. I leave these considerations aside, not because they are unimportant, but because they lie outside the immediate scope of this discussion, which is concerned to provide further illustration of what I have called the response of hospitality.



It might be helpful to approach the description of these three freakouts by way of suggesting three phases into which the events of the episode seemed to fall. These are somewhat reminiscent of the phases of a well-constructed drama: beginning, middle and end. There is first of all that phase in which the person seems to be 'getting into' something. What, at this point tends to call attention, and usually invite 'intervention' is the seemingly peculiar, extra-ordinary or 'out of character' nature of this 'something'. If this progression continues, there follows a period in which the person remains in some 'state' which he has not entered, a state in which the person is manifestly no longer amenable to reason, or responsive to the solitudes of others. Finally, there comes a phase or stage of 'coming out of it', and of re-articulation into the familiar, everyday of ordinary world. I shall follow this approximate 'order of events' in my description, prior to raising some questions as to what this 'freaking out' is all about; and in the course of raising these questions I hope to suggest why people in this therapeutic household were moved to respond as they did.

#### Freaking out: Getting into it

In the case of each of the people who freaked out at Portland Road it was clear, over the days or even weeks prior to their arrival in the house, that there was 'something afoot'. To their friends or partners, to their associates at work, or others around them they seemed to be

behaving rather peculiarly, unexpectedly, impulsively, out of character. They showed signs of breaking with their usual patterns of behaviour, with their typical habits and ways - for example by staying up all night or by always being on the go; by making constant nuisances of themselves, or by treating their friends and associates uncharacteristically offhandedly, rudely or inappropriately.

Another sign or indication that something rather odd was afoot was a constant pre-occupation with a number of particular notions or ideas. Invariably, these bore especially upon the individual's family, with his place in the family of origin, and with crucial events, or stories of events in the family. Typically, there was an unswerving determination to arrive finally at some fundamental 'truth' to do with the person's family, and his own place in it.

Very powerful feelings were associated with these pre-occupations. For example, a very considerable degree of guilt, that the person concerned was the 'black sheep' of the family, or that he had 'let down' the family, or disgraced them in some terrible way. Or that he had killed them, or they had killed him, or that everyone would have to be killed.

There was, secondly, and often interwoven with this, an obsession with 'cosmic' ideas, for example with awesome and mysterious forces, mystical powers, with planetary histories, cosmic and mythical struggles, with visions of the birth and the end of the world, and with cosmic unfoldings. In the case of one person, these two areas of

obsession came together in a pre-occupation with the meaning of his Jewishness. He felt that he had betrayed his tradition, and that now some awesome burden of responsibility fell upon him singlehandedly to fulfil the destiny of his people. The person who was flown in from overseas had become increasingly preoccupied - to the consternation of his fiancée - with the sacred geometry and astronomical/astrological importance of the place where he was living and working, and found a repeated confirmation of its significance from his reading of the bible. It was a characteristic of each of these individuals that minute details of things around them, ordinarily of no especial significance, would become woven into the fabric of their ideations.

It was, more or less, in this phase, which I am calling 'getting into it', that each person who was to freak out at Portland Road arrived at the house. They displayed, blatantly, many of the classical symptoms of schizophrenia, being 'out of touch with reality', showing 'inappropriate affect', delusional ideas, and so on. It would be more accurate, however, to speak of their wavering or vacillation between realities; now he is more or less his 'old self', able to engage in a familiar way in quite ordinary conversation, now he is 'off again'. If they were deluded, they moved between being 'in' and being 'out of' their delusions, between being here and being there, as though being unable finally to commit themselves to either position, and at the same time unable to transcend their opposition.

In keeping with this vacillation, their behaviour was - and became increasingly so - restless, flighty, frantic.



They tended to be on the move, endlessly in and out of rooms, in and out of the house. They were unable to settle into any of those activities which usually are able to take a person 'out of himself', such as reading a newspaper. Their suggestions or proposals often became grand or flamboyant: one person for example, was insistent in wanting to call the B.B.C. and get them to come and document what was going on in the house. Another wanted to take everyone out for an enormous feast. Their periods of manic activity would be interspersed with moments of great quietness and introspection or reflection, or periods of weeping, sobbing or bemoaning. There occurred also sudden periods of agitation, outburst of anger, sudden flare-ups of rage or seemingly wanton destructiveness. No one was ever hurt or seriously threatened, but a considerable amount of furniture and fittings were destroyed or damaged. Above all, again and again, windows would be smashed. Often the person would take a considerable gleeful delight in being awkward, difficult, stropky, bloody-minded, impossible; a delight in the wild 'freedom' of being crazy.

### Staying with it

At a certain point, each of the people who freaked out seemed to cross some crucial threshold, or undergo some transition, such that they were, or seemed to be, no longer 'getting into' something, or frantically trying to turn from getting into it, but now, 'in it'. One behaviour which in particular seemed to mark this transition was that of

the person taking off all his or her clothes. From now on, the person would remain more or less naked for the duration of his or her freak-out.

This transition - from getting into, to being into - although in some ways subtle, was quite discernible. The person for example, no longer seemed to be caught up or engaged in a flight, in a frantically running away. They now seemed to be completely held by, or caught up within some 'movement' which had an autonomy, and within which personal volition seemed to play a negligible part. No longer were there sudden furtive dashes to the door, or careful little subterfuges to escape from the house when no one was looking. The individual did not attempt, in fact, to manipulate or influence or control others at all, nor to take delight in being crazy or wanton. They did not engage in any reciprocity of conversation, nor in any manner of personal relation with one another. They were no longer articulated into interpersonal space.

In each of the three cases that I am primarily concerned with, this phase lasted approximately two weeks. Throughout the greater part of this period, the individual who was freaking out remained, or was contained within the kitchen, the centre of the house.

One person in fact hardly budged, for an entire fifteen days and nights, from a spot in front of the kitchen stove. This stove, when its controls were set in a certain way, would roar in a most exciting fashion, as well as put out a considerable amount of heat. It proved to be an object

of endless fascination for this person, a sacred object or an altar. During the days and night that he hovered, naked, before this stove - with no more than the occasional few hours of sleep, and almost no food - he kept up an almost continual incantation. He chanted, in strong, loud, rhythmical, strident tones, his own 'Finnigans Wake'. Within this mantric incantation seemed to be encoded, in a wordplay of enormous richness and subtlety, all possible and impossible bits and pieces of his life, all the bits and pieces of his possible and impossible lives. In phase with the rhythms of this chant, uttered in the same constant stresses of metre, he moved his arms and swung his body in sudden, cutting, swooping, punctuating gestures; he would suddenly jab and stab his hands towards anyone near him or anyone who approached him, stopping within a fraction of an inch of their face, staring into their eyes.

The others, although less relentlessly active during their episode, tended not to remain so fixed to the one spot. Although held for the most part within the kitchen, they chose at times to wander about the house, and would no doubt easily have wandered off down the street had they been permitted. They found other favourite places within the house where they sometimes would remain for hours on end. One young woman kept returning to the coal cellar where she would curl up in the darkness. Another - who did not remain to see the episode through - spent one entire evening wallowing in the compost heap at the foot of the garden, while the rest of the household carried on its conversation around the fire, from where they could still



keep an eye on her. She finally came in through the kitchen window, naked and covered from head to foot in revolting smelling green slime - and quite ecstatic with the experience.

They, too, kept more or less constantly on the go, day and night, for no less than two weeks, with mere snatches of sleep, and no more than the occasional morsels of food. They also, at times, kept up a running monologue, but again this in no way resembled conversation. They seemed to move, sometimes very quickly, through a great variety of moods; appearing sometimes to be petrified, terrified or horrified, sometimes awestruck or incredulous - and at other times highly amused.

### Coming out of it

Just as there seemed to be a discernible threshold, at whose crossing a person seemed now to be unequivocally 'into' his psychosis, so there seemed to be a similar transition 'out' of it. I have suggested that in the case of those people who stayed in Portland Road long enough for events to be allowed to take their natural course, this point was arrived at after around two weeks. At around this time, they would tend gradually to quieten down, to sleep for longer periods, and to show more interest in food. They would sometimes seem to be running out of steam, and would hint or suggest that they were beginning, or ready to come out of it, and to re-articulate back into the world. The particular way in which this re-articulation came about was

different for each person, and there may well have been a precise 'moment of re-entry'. I shall briefly describe this transition as it occurred in the case of the person who chanted in front of the fire.

It is first of all necessary to fill in some of the immediate background. Some months prior to his stay in the house, that is, in the summer of 1973, the Philadelphia Association network had been visited by a middle aged American psychotherapist, based in New York, named Elizabeth Fehr. This woman had in the course of her work with a psychotic patient chanced upon a technique which she came to refine and refer to as 'birthing'. This technique remained very simple; essentially it precipitated her subject through his own movement down the length of a fifteen foot mattress, culminating, through a lot of wriggling and squirming, in a climactic 'birth'. Elizabeth Fehr's surprised claim was that a good many people found the experience of submitting to this simple procedure strangely and unexpectedly liberating - and in some cases dramatically so. In the course of her visit to the Philadelphia Association, Elizabeth Fehr spent one evening at Portland Road, in the course of which she 'birthed' everyone living in the house.

The prevailing impression which this experience left was that, whilst it was not some pivotal event, or a profound 'liberation' whose effects reverberated deeply throughout one's entire being, it was none the less interesting and rather worthwhile. No doubt the generally 'favourable' impression which this birthing experience left

was largely due to the fact that everyone in the house rather took to Elizabeth in the short time that they spent with her. In any event, she left her fifteen foot mattress with the house when she left, and it became somewhat of a sacred object, its use being reserved for special occasions. The 'metaphor' and imagery of birth had from the first been present in the house and so she did not leave that - but she re-kindled it and gave it a distinctive new inflection.

So it was that towards the end of his freakout, when this person seemed to be 'coming down', that the birthing mattress made its appearance on the scene, on the first occasion since her leaving. This was not simply to enable some sort of rebirth to be ritualized; its appearance was invited as much as anything by the increasingly insistent writhing and twisting movements of his body which he was making, and for which this mattress seemed ready made. He seemed in particular to keep wanting to make some kind of arching movement with his back, which he never quite managed to bring about. Over a day or so, and on a number of occasions Hugh engaged with him in a sort of 'wrestling' on this mattress, and in the course of this he again kept coming back to the same movement, which still would elude him. Then one time, quite suddenly and dramatically, in the course of this wrestling he flipped over backwards, opened his eyes, and called Hugh by name.

That was the turning point. It was not simply the end of his upheavals, from which this individual was to recollect himself over the following days, weeks and months; but it was a first contact, a point of entry, and a



beginning. The subsequent movement was that of a returning. This gradual returned was punctuated by innumerable moments and phases of disorientation, shifting perspective, wandering, of strange senses of the familiar and familiar senses of the strange. And although these experiences were now set again within 'the world', this period immediately following his psychotic episode during which the individual was beginning to take up anew the threads of his life, was just as much crucial a period of his life, and just as much a period of very great vulnerability. No less now than in the wild heights of his psychotic freakout is he in need of the holding of the house.

We now turn to consider something of the manner in which the house, on these occasions of freaking out, and in these situations, was able to hold. But first of all we must ask how behaviour such as I have described in the previous pages, and whose revealing is possible only within a holding, is to be interpreted.

### No direction home

What are we to make of this situation, where a person gives every reason to believe that he is going to freak out. Few people would disagree with the proposal that a psychotic episode is in some senses at least, and whatever else it might be, a disintegration. In the case of the people that I have mentioned, there seemed to be a falling apart of their entire world. Not only were they unable to maintain or keep up any of their former activities or interests,

and unable to maintain any effective contact with any other human beings; they were so manifestly and acutely 'untogether' as to be utterly helpless. No longer was there for them any ordinary world to be simply taken for granted, to get on with. The acutely psychotic person clearly evidences some sort of radical breaking up or disintegration of the unitariness of his world, a fragmentation of wholeness, such that his hold on things seems to collapse. To use the phrase of Merleau-Ponty, an acute psychotic episode provided an illustration of a collapse of the 'intentional arc',<sup>1</sup> so that the world no longer appears as the familiar setting or context of our intentions and desires, as a living unity, but in this breaking down or falling out becomes fragmented, alien, obscene or mocking.

But the world which we inhabit, are at home in, the familiar everyday world whose wholeness or unitariness or integrity we take for granted, is an interpersonal world; and not just in the sense that we find ourselves 'in' it with others, but in that deeper sense of its being opened up or realized through language, through intercourse between one person and another. No Other: no world. So if we speak of the world of the acutely psychotic person 'falling apart', we speak equally of a dis-membering of the interpersonal, of a radical break or disarticulation in the threads of belonging, which hold the world together.

But why let this happen? Why be so heartless as to allow a person to 'fall apart' when this might so easily

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<sup>1</sup>See Merleau-Ponty, M. (1962).

be prevented by the prescribing of anti-psychotic or tranquillizing drugs?

We must leave aside any full discussion of what precipitates or occasions this disintegration. We may assume, however, that a person who suffers a psychotic breakdown, however much it might appear to arise, like others of life's misfortunes, 'out of the blue', has already arrived at some position in his life from which a 'break-down' is an understandable and intelligible evolution, and follows 'naturally'; and that the circumstances in which he finds himself dispose him, or force him into this final move. There is every likelihood for example, that the sense of ontological security, or of being at home in the world, or interpersonal sureness which such a person enjoys is, at least in some senses, precarious. He might, for example, be living his life in some such temporal modality as 'holding at bay', holding together, or holding on. Such a person characteristically might be unable to surrender or let go, until the circumstances of his life occasion his arriving at some position or threshold, from which letting go can be put off no longer; and it now becomes a 'falling apart'. There might be some 'last straw', or it might be more a matter of some 'readiness' of time, such that, in some sense, a person's 'time' has now come; a time which may be a 'time' of his life, or a time of a recovery of his life.

If a psychotic episode is indeed a falling apart, or the coming apart of a life, a being-in-the-world - then it is as well to be clear what purpose medical intervention



may, or may not serve. Medical treatment here has a value or usefulness to control, 'tranquilize' a situation which gives every indication to be getting out of control, or whose containment is beyond the capacity of such people as are available. But it is important not to misunderstand the limit of this usefulness. There is no drug which has a power to patch a life together; no technology which can glue together unstuck being. To imagine that medical-technological intervention here could be a healing is as naive as would be the sewing of leaves back onto a tree to bring back summer.

Medical intervention acknowledges that there is no time, no team, no safe place, to 'let things be'. This may well be perfectly realistic. But now woven into this acknowledgement, is the assumption that there is no sense, no intrinsic validity in letting things be; that it is not only not possible but not desirable. 'Let it be' now conveys strong nuances of the uncaring irresponsibility of 'let it bleed'. It is however only in that holding together which lets be that whatever 'sense' there may be to this situation will emerge, only in the concernedness of 'letting be' that help may come, from itself, out of helplessness.

We are supposing that the acutely psychotic person is undergoing some experience which is a radical falling apart or disintegration; that his way, or way of being is now so radically untogether that we feel he is no longer 'in the world' as we might ordinarily understand this, for example as a responsible agent or free subject, as a

person whose perspectives blend with my own upon a common landscape, or who is articulated into an interpersonal space. If he is not in 'the world', where then, we might ask, is he? He is clearly, as he stands in front of the fire, naked and raving, or as he scuttles around the house muttering - out of touch with others, and shows no recognition of people he knows well, for example friend, parent or spouse. We may want to reason with him; suggest that it's getting late and why don't we all get a good night's sleep. But he is not amenable to reason, and in this sense too, out of touch. We may want to speak with him to ask him what he's up to, or what it's all about, but again, he is beyond the invitations of language.

Each of the people who freaked out at Portland Road spoke a great deal in the course of their episode. They did not, however, speak to anyone. They did not, for example, refer to themselves by using the personal pronoun 'I', nor did they address others by name. Rather than engaging in a discourse, speaking to and with, they found themselves speaking in a company who were gathered around them, or staying with them; not speaking from the common ground of this company, or from a 'between', but speaking over or beyond. The company was staying with a person who was not 'with' them; and again we might ask where he is.

The word 'psychosis' suggests that he may have retreated to that most paradoxical of sanctuaries - the mind. Yet it is not some final or even temporary 'inner' resting place to which his withdrawal from the world has

led; in turning from the world he has not found himself in a haven in which he will forever be left in peace. On the contrary, what is most conspicuous about the person who is freaking out is that he is caught up, swept up, or taken away by something; that he is quite helpless in the face of some order of experience which is clearly enormously powerful. It seems to be much less a 'state' of mind, or a 'place' that the freaking out person has got himself into, than a movement whose coursing he is quite unable to resist.

Here we may quote these now-famous words of Gregory Bateson:

It would appear that once precipitated into psychosis the patient has a course to run. He is, as it were, embarked upon a voyage of discovery which is only completed by his return to the normal world, to which he comes with insights different from those of the inhabitants who have never embarked on such a voyage. Once again, a schizophrenic episode would appear to have as definite a course to run as an initiation ceremony - a death and a rebirth - into which the novice may have been precipitated by his family life or by adventitious circumstances, but which in its course is largely steered by endogenous process.<sup>1</sup>

### The Healing Journey

I hesitate before quoting these words of Bateson; not because I do not think that his statement essentially is correct, and true of some, probably most, acute psychotic episodes. My hesitation rather is based upon a number of misunderstandings to which statements of this sort commonly give rise, whereby madness is glamorized or romanticised,.

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<sup>1</sup>Bateson, G. (1961) p.(xiv).



or else subjected to a humanistic trivialization. In the face of the evidence, there is, I believe, no reason to doubt that, for a great many people, a psychotic episode can be, or if allowed, could be a saving, visionary experience, a revelatory breakthrough, or a 'healing journey' of death and re-birth. There is little likelihood of such a claim receiving serious attention within the prevailing psychiatric dialogue; and this constitutes a negative danger. Yet is there not equally a danger of the visionary journey becoming taken up and eagerly accepted by the 'new enlightenment' - the humanistic face of the same mafiosi? What Merleau-Ponty has to say about the danger of a too-ready acceptance of psychoanalysis applies equally to Bateson's 'voyage of discovery':

When we see what can happen to a civilization in which psychoanalysis is too well tolerated; in which psychoanalytic concepts, weakened and banalized, have lost their enigmas, and furnish the themes of a new dogmatism; in which the doctrine, learned in elementary school and having become an institution, fashions mentalities that resemble it too much, that seem to verify it, but that actually mask, precisely under an accelerated and superficial analysis, an unconscious of the second degree; when we see all this, we must ask ourselves whether it is not essential to psychoanalysis - I mean for its existence as therapy as well as verifiable knowledge - to remain, not exactly a disreputable enterprise or a secret service, but at least a paradox and an interrogation. It is psychoanalysis that has unveiled the oedipean infrastructure of science and technology and of 'accidental' understanding. What will become of all this if the tamed sphinx soberly takes its place in a new philosophy of enlightenment?<sup>1</sup>

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<sup>1</sup>Merleau-Ponty, M. Preface to Hesnard's L'Oeuvre de Freud. In Merleau-Ponty, M. (1969) pp.81-87.

This metaphor of the 'healing journey' served Portland Road very well, by way of offering some sort of bearings in and towards a situation which to most people, naive as they were to it, was bewildering and alarmingly strange, disturbing and upsetting, relentlessly provocative, and enormously delicately balanced, and uncertain of outcome. It invited people, and perhaps enabled them to make more sense of a situation which, being a situation of 'madness', is usually regarded as being, by definition, senseless. It oriented people to the possibility that the person who was freaking out might yet himself, within his disorientation, be oriented.

This rather 'bare' metaphor may easily be fleshed out, furnished or opened up in various ways. Various traditions offer different 'landscapes' within which to interpret or understand this mythical journey. Within the Judo-Christian tradition, for example, the 'regressions' of psychoanalysis, the 'individuation processes' of analytic psychology, or the quests of Romance legend come immediately to mind. The importance or relevance of these various mythologies may be confirmed by returning to the first hand account and 'data' of psychotic experience, such as has, for example, been done by John Perry.<sup>1</sup>

The very 'general' assumption which prevailed within Portland Road was that the 'endogenous healing process' of an acute psychotic breakdown is a 'journey' or 'quest' whose fundamental 'issue' is that of origins. Woven into

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<sup>1</sup>Perry, J.W. (1976).

this issue are questions to do with the source of one's own being, with conception, birth, coming into the world, appearance, recognition - and 'identity'. This journey or quest may force itself under certain circumstances; where, for example, these most original questions of a person's life, to do with his being and coming into being, and to do with the time of his being, his time, his past and his future - finally remain senseless, without meaning, impenetrable. The family history, for example, might remain a closed book. Where there is still no sense to these questions, wherever in the world he turns to, and where they nonetheless continue to ask themselves, then a person might find himself turning in some way elsewhere than the world.

The question of origins is often thought of as being an oedipal question. Where do I come from? Where do I fit in? What was going on between my mother and my father whereby I came into the world? The issue is to do with my birth, my arrival, my advent into the world, my place in the human chain.

It is not because the child has the same blood as his parents that he loves them; it is because he knows he is their issue or because he sees them turned towards him, and thus identifies himself with them, conceives of himself in their image, and conceives of them in his image. For Freud, the ultimate psychological reality is the system of attractions and tensions which attaches the child to parental images, and then through these to all the other persons, a system within which he tries out different positions in turn,<sup>1</sup> the last of which will be his adult attitude.

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<sup>1</sup>Merleau-Ponty, M. (1964) pp.227-228.



This oedipal quest is a putting together of the world in terms of the infinite transforms of the triangle. Answering: who am I? in terms such as: who am I like? Who do I like? What have they got that I haven't got? And so on.

Suppose these oedipal riddles are too terrible or baffling to be faced, where one was not born or conceived in desire, or where one is abandoned to the riddle, left with a quest but no base or starting place, and no one to await one's return. Where the oedipal question becomes 'what is there when there is no-one there?' then the task is that of putting the world together by oneself. This seems to be one central task with which a person who is freaking out may be engaged; that is, conceiving and giving birth to oneself, by oneself, bringing oneself into being, before intercourse, without intercourse.

### Holding

In discussing the manner in which Portland Road approached and accommodated 'freakouts', our emphasis might be placed in the first instance upon what the house did not do. A person freaking out was not a situation calling for crisis intervention. The household endeavoured to offer itself as a place of sanctuary, within which the person who was freaking out would be protected from intervention, and would be safely sheltered and held. Thus he would be enabled and allowed, as far as possible, to go through whatever it was he 'had to' go through. The apparent simplicity of such a proposal, however, is

enormously deceptive.

To ensure sufficient safety and protection for a person who is freaking out, such that it becomes even remotely possible for his episode to be permitted to run its course, will be extremely testing for any household. Where the household arrives at some prevailing agreement that the endeavour is worthwhile, this is only a beginning.

It seems clear, for example, that one simple requirement will be that of one other person being there with the individual who is freaking out, all of the time. It is neither sensible nor responsible to allow him to be left on his own. This is not simply to provide him with the reassuring presence of 'company' - since the acutely psychotic person seems to be 'indifferent' to the company around him. On many occasions, they showed no sign at all of recognizing those who were closest to them. The company of another is first of all necessary to ensure that the patient does not injure himself or anyone else, either deliberately or accidentally. On several occasions people became particularly alerted to the possibility of self-injury, and it seems to be obviously sensible to keep sharp knives and broken glass out of the way, and to be particularly careful with fire. Whoever was around had to be highly alert and watchful all the time. One woman at one time, where there were several people with her, suddenly jumped through the kitchen window, to land at the foot of the concrete well some twelve feet below. She was naked, and it seemed miraculous that she emerged with hardly a scratch, and seemingly quite unperturbed. Perhaps this sort of toughness and resilience, of

which there were many examples, is the source of the legendary strength of the madman.

The company of at least one other person was necessary at all times to prevent the person from leaving the house and going out into the street, which would inevitably lead to their hospitalization within a very short period. At times, this task could occupy the full attention of a number of people where, for example, the individual had to be physically held, restrained, or sat on. This was particularly likely during the franticness which often characterized people's 'getting into it' stage; and where this went on for hours or even days at a time, it sometimes proved to be more than the house could contain, even with outside help. It is hardly necessary to add that watchful and attentive company was also necessary to keep damage to the property to a minimum, to make sure that the house itself continued to be at least minimally habitable by the others.

At Portland Road, a twenty-four hour rota was arranged so that at least one person was responsibly around, all of the time. During the evenings, and often during the daytime as well there would usually be a number of people around in the natural course of events, and here filling the rota was not ordinarily a problem. Night-time was more difficult, particularly as most people preferred to maintain vigil in twos and threes, rather than being on their own. Those who actually lived in the house quickly became exhausted; even where they were not on the 'staying up' rota, the chances of being woken up for one reason or another in the course of the night, were very great. It



was largely because the household became so exhausted that it became necessary to call in friends from the Philadelphia Association network in order to keep up the rota. People who came round and spent often considerable periods of time included psychotherapists, trainees and students of the Philadelphia Association, members of other households, people who had previously lived in P.A. households, as well as friends of those who were living in the house, and friends and relatives of the patient.

Some people, quite understandably, were much better than others in attending to these situations. Some people, although well meaning, invariably provoked or otherwise 'wound up' the patient, or in some cases allowed him to wander off, to be picked up by the police. Others were altogether steady and reliable. Qualities which seemed to be important for the 'attendants', other than that most important consideration of their not being made too anxious by the situation, were the capacity of having some sense of what the patient might be going through or into, so as to respond to them in a manner befitting their state of mind - and the possession of a great deal of common sense.

The occasion of a person freaking out, in the manner that I have described, was in some senses a 'suspension' of the normal life of the house. The overriding priority of the house was that of holding its weakest member, who was so starkly helpless and vulnerable: and at times this 'holding operation' became reduced to the bare essentials of providing a wall of bodies between the patient and the outside world. But this holding itself had to be supported

in all sorts of ways. One crucial job within the house, for example, was that of setting up and maintaining the rota. This job did not only entail a lot of telephoning and arranging, but also keeping the other people in the house in the picture as to who was expected when, and making sure that they were welcomed and introduced to the situation. This was not such an easy task as it sounds, and it took a lot of time for the person who usually took it on. The telephone, for example, was usually yanked off the wall within the very earliest days of any freakout, and many of the most simple and ordinary things became immeasurably harder.

But the house's holding together meant too, in many ways, 'business as usual'. Life did not suddenly stop. There was still food to buy, and meals to get together - and especially so that so many visitors were coming to the house. Because of the devastated state of the kitchen throughout much of the time, food tended to be very simple and basic; and to prepare even the most rudimentary of meals could be at times a very considerable achievement.

One of the most important tasks which now required attention was that of attending to repairs of one sort or another, and applying first aid to various points in the house. The sound of breaking glass, for example, is indelibly associated with these occasions. On each of the freakouts, a great many windows were broken, sometimes several times over. So far as was possible, these usually were mended straight away, unless, as sometimes was the case, it was apparent that they would immediately be broken

again. The downstairs rooms had shutters, and this eased the task of preventing or postponing the breaking of windows - until the shutters were broken. The damage, typically, was not restricted to broken windows: plates, cups and saucers, kitchen equipment, lampshades, bannisters, and most other fittings and furnishings, as well as the walls, floors and ceilings themselves, would sooner or later be subjected to direct attack of one sort or another. At times the scene within the house was one of unimaginable devastation.

It would be quite misleading to give the impression that - whether because of 'nonattachment' or indifference - those who lived in the house happily sat back and watched their home progressively being reduced to ruins. On the contrary, so far as was possible, or so far as made sense given the nature of what they had taken on, people did as much as they could to make sure that did not happen. One way that they did this was by trying, as far as was possible, to limit the battle zone to the kitchen area. When it seemed likely, or inevitable that some serious smashing was on the way, the room was quickly stripped of most moveable objects. Beyond this, and beyond restraining the person as best one could, according to one's common sense and one's reading of the situation, it was recognized that there was not a lot one could do; a certain amount of damage was unavoidable.

Without doubt these freakouts were difficult, testing and maddening times for everyone in the house. At the same time, however, they were also exciting times,



invigorating, intensely powerful, challenging, stirring, deeply moving. Although people took part in it all to different extents - some preferring still to keep in the background - these occasions tended to have a unifying effect upon the house, which in some ways was more 'brought together' at times of crisis than at any other times. The house was dramatically 'awakened' - for in no way now was this a time of 'waiting' or hanging around - and people tended to find these times liberating, and freeing, for themselves. Some people came into their own, rallying round in moments of crisis in most unexpected ways, pleased, perhaps, at finding themselves in a position of being able to do something useful or helpful, and pleased to find themselves taken out of their preoccupation with their own miseries.

The evening meetings and gatherings played a most important part in the 'holding' of the household on these occasions. Often they proved to be something of an 'occasion'. There would sometimes be more than two dozen people gathered together in the kitchen; in the course of the wanderings of the conversation the original 'purpose' for getting together would be forgotten, and far from being some chore of baby-sitting these evenings could be light-hearted and enjoyable, even celebratory. Hugh frequently would stay until the early hours of the morning, most nights of the week. A great deal of conversation would be taken up with some opening out of what seemed to be going on with, or around the person who was freaking out. Most people, as one would expect, were quite naive to these situations, prior to



coming to Portland Road, and so Hugh's guidance was extremely important.

He made it quite clear that what he supposed the person to be into was quite 'conjectural', and that it would be most presumptuous for anyone to claim an 'understanding' of their experience. At the same time he made it clear that even in the face of one's own ignorance, there are worse and better ways of responding, and conducting oneself. He stressed the importance of basic things, such as keeping the house going, bringing in help, not letting everyone get too tired, and trying to make sure that the patient did not become dehydrated, by making sure they took some drink. His emphasis was placed much more upon 'holding' than 'understanding'. At the same time he drew attention to details that might otherwise not have been noticed, such as things that the patient was saying or doing which invited some particular interpretation. It was without doubt because of Hugh's suggestions, encouragement and interpretations of the situation that the house was prevented from making the most enormous blunders.

On a number of these evenings relatives of the patient were also present. In one case, the wife; in another, a brother and sister-in-law; in a third, a mother and brother. The relatives were quite understandably bamboozled as to what on earth was going on, but were sufficiently reassured by Hugh not to want to interfere. In some cases they played rather an important part in the proceedings, particularly in the days and weeks following the episode.



That period immediately following his psychotic episode when the patient was picking up again some of the threads of his life was equally a crucial time, and a period of some vulnerability. The survivors of the episode emerged reeling, shattered, incredulous - in some ways quite dis-oriented 'between worlds'. For one reason or another, they tended to want to get back to their normal lives rather 'too quickly', before the storms had entirely settled, and before they had had time to take some account of what had been going on in their lives culminating in their freakout. After all that nakedness came a certain amount of embarrassment. The people who freaked out, too, were in many ways rather 'straight' or conventional, and so they tended to find themselves less than at home in this communal setting, and rather eager to return to work, and their old haunts, as soon as possible.

Hugh was always keen that they should continue to stay on in the house for a while, as he felt that this was a time when a great deal of very valuable 'therapeutic work' could be accomplished. At this point, for example, there were usually rather important reverberations throughout the families concerned, and this was not a time to be frittered away or wasted, or passed over in some flight back into 'reality' or 'health'.

The importance of staying on in the house for a period rather than trying to return as quickly as possible to 'old ways' became starkly clear after the first freakout. The young woman concerned was very much one of the old 'blue-stocking' school, very straight and conventional, from a



rather joyless and formal county background. She had done well at Oxbridge, and was quite successful at her work, a Civil Service statistical office, and seemed to be living precisely that life which her background expected of her. But she did not have close friends, and was not at all happy. When she consulted Hugh she had already been treated in hospital for a psychotic episode, and she lived in considerable anxiety that she was going to become psychotic again. Her freakout in the house was, in its earlier stages, very wild and destructive; she got through it all only to become, when it was all over, extremely depressed. It seemed that some door had now closed forever on her old ways; they had in many ways always been 'empty' or less than fulfilling - but now there really was no-one, and nothing there, for her, in her old world. And although she had perhaps now glimpsed some other possibility, indeed some possibility of her being more 'herself', the doors onto this possibility had not yet opened more than the merest chink. She was now rather caught between a past which was now closed, and a future which she could not yet imagine. She was still in therapy, but at the same time very much alone. She did not yet know anyone in the house very well. She appeared very lost and forlorn, and enormously vulnerable. The role which the house might have played at a time like this was obviously crucial, since upon this depended to a very great extent the 'where', the 'into what' and 'with whom' of her re-articulation back into the interpersonal world. If she finds herself in the midst of a thriving, vital and attentive household at this point, her task, we may safely assume, is going to be

considerably eased. As it happened, very much against Hugh's better judgement she was persuaded to go away for a short break with her family. In the course of a 'shooting weekend' on a county estate she took her life.

PART FOUR



## CHAPTER TWELVE

### RETURN TO THE COMMUNITY

#### Care in the Community

Administrative thinking at the present time places a considerable and increasing emphasis upon the 'community' as a focal point for the provision of treatment for the mentally ill. Government policy which is aimed towards the provision of more 'community based' psychiatric services is spelled out in a number of recent publications. The main long term aim of D.H.S.S. policy, for a comprehensive range of psychiatric services provided within each Health District, was broadly set out in the Government's White Paper of 1975, 'Better Services for the Mentally Ill'. Most of the ideas in this paper were drawn from experiences of the most progressive mental hospitals over the past twenty years, but the command paper was distinctive in drawing together a comprehensive view of the future and arguing for the long term aim of securing a new pattern of psychiatric provision based essentially "in the community". Thus it was proposed that an integrated network of facilities and services should be developed to meet the wide range of needs for assessment, treatment, rehabilitation, accommodation and employment arising in each locality. The centre of this work was to be in the community with the 'specialist team' using the traditional mental hospital as just one resource until the development of new local facilities made it entirely redundant.

This same emphasis is expressed further in the 1981 consultative document 'Care in the Community'.

A great deal has already been done to enable more people to be cared for outside the hospital, but more could be done if resources of money and manpower were available. In the longer term a further shift in the balance of resources from hospital to the community services is desirable.<sup>1</sup>

It is expressed again by the various contributors to the European workshop held under the auspices of the National Association of Mental Health in 1980. For example:

Mental health care in future must consist of a thorough and integrated network of in-patient and extra-mural facilities ranging from non-professional to highly professional facilities. This will be much more than the mere sum of all the alternatives we have now... The present day shift from a medical to a multi-disciplinary approach must be stimulated. The fears that many psychiatrists have about this are not founded. Psychiatrists will have to give up a great deal and rightly so, but their knowledge and experience will remain indispensable.<sup>2</sup>

The dominant model for future psychiatric services in the community seems to involve the 'multi-disciplinary team'. See for example the D.H.S.S. publication 'Mental illness: Policies for prevention, treatment, rehabilitation and cure', 1983.<sup>3</sup>

The main long term aim of DHSS policy for mental health services, including services concerned with abuse of alcohol and drugs, is the creation of a comprehensive range of psychiatric services, provided, where the NHS is concerned, within a District and in the context of a Regional plan which takes account of District needs and resources. Such a service is only possible if, in identifying and meeting needs with District resources, it takes full account of the

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<sup>1</sup>D.H.S.S. (1981).

<sup>2</sup>Trimbos, C. (1980).

<sup>3</sup>D.H.S.S. (1983).

contribution social, educational, housing, employment and all other voluntary and statutory services can make. It is important to develop, in consultation with other services providers and consumers, a pattern of service which will enable all these involved to work together and relate closely to the changing needs of mentally ill people and their families.

Although much of the cost and the majority of resources in the health service are concentrated under the hospital roof, a comprehensive service requires resources in the community away from the hospital. Psychiatrists and other professionals are increasingly involved in the patients' home setting and in working in health centres and with primary health care teams away from their hospital base. The primary care teams and associated community support services are crucial to the care of the large number of people with mental health problems not always diagnosed as such - who have no or no continuing contact with specialist services.

A community psychiatric nursing service is an important component of health service provision in the community. The nurses work as members of a multi-disciplinary team in a variety of settings e.g. health centres, day hospitals, psychiatric departments. Their aim is to provide help outside the hospital and so prevent unnecessary admission to hospital, and to provide a nursing after care service following discharge from hospital.<sup>1</sup>

Despite the confident tones with which phrases like 'community based multi-disciplinary team' tend to be uttered and proclaimed, we find little evidence to suggest that the concept of the 'community' has anywhere adequately been elucidated, or that very much sense is made of the word beyond its value as a political slogan. Perhaps a first question to ask concerns the degree to which, and circumstances under which, those who are already vested with very considerable powers to treat the mentally ill are going to be prepared to hand these powers over to 'the community'. It is a consultant psychiatrist who supplies

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<sup>1</sup>Ibid.



us with an image of the consultant in the community team as the conductor of the orchestra: and it is already a 'clinical orchestra'.<sup>1</sup> The community 'in the sense of extra-hospital' is 'important but subordinate'. We need not wait to ask, therefore, who calls the tune.

We will surely acknowledge that different climates of opinion, fashions, and political and economic situations favour different orientations and attitudes towards 'mental illness', and encourage different approaches towards its amelioration. At the same time, however, it would be quite premature to assume that the prevailing climate within which psychiatry is practised will be changed in any essential way simply as the result of some policy decisions emanating from government departments. We certainly cannot take for granted that a community based psychiatric service is going to differ in any essential way from one that is located within the hospital; on the contrary we might well anticipate that they will be, in all essential respects, the same.

Community based treatment, including home treatment, is a clinically effective and cost efficient alternative to in-patient treatment for a significant proportion of individuals requiring immediate in-patient treatment. Moreover, when appropriately constituted, community based treatment is a clinically effective and cost efficient alternative to hospital based treatment for either preventing or minimizing some chronic disability. There is agreement on the kind of patient who can benefit from community based treatment: we refer to individuals diagnosed as having a functional psychiatric disorder who are destined for in-patient treatment. There is consensus too about the settings in which community based treatment can be established ... The main difference between the community based

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<sup>1</sup>Langley, G.E. (1983) p.67.

and hospital based programmes concern the locale of treatment, the continuity of treatment, and the degree of flexibility achieved in the roles of treatment staffs. Depending upon what elements comprise the community based treatment, different results follow. Also, elements of community based treatments can be combined in different ways and still be effective... Sufficient evidence is available now to consider implementing community based treatment more widely.<sup>1</sup>

Community based psychiatry is, in the words of one of its advocates "adapting the techniques developed in hospital for use outside".<sup>2</sup> It is 'the same' in that it identifies a 'problem', and then mobilizes expertise in order to do something about it. It is a system of 'care delivery', whose special feature is its 'adaptability', treatment programmes now being 'tailored to suit each client's individual needs'.

One must realize that hospitals and community are two different states. The needs of the users and suppliers differ and the approaches used need to be tailored differently.<sup>3</sup>

What we find to be most conspicuously missing within these discussions of 'community based mental health programmes' is any acknowledgement of a notion of community which is endowed with its own generative potential or creative source. This is certainly understandable, and perhaps inevitable within a thinking whose frame of reference is 'administration'. Whilst it is important to acknowledge the importance of what is achieved by social

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<sup>1</sup>Fenton, F. et al. (1982) p.16.

<sup>2</sup>Wing, J.K. (1979) p.211.

<sup>3</sup>Butterworth, C.A. and Skidmore, D. (1981) p.29.

administration, it is crucial to take note of that which cannot be administered. As an example of one fundamental source which by its very nature resists administration I have discussed in some detail the 'dwelling'. We shall now take up some issues which bear upon the relation between the dwelling which offers hospitality, and the community at large. We shall approach this by way of a brief reconsideration of the 'therapeutic community'.

### The Therapeutic Community Approach

In many cases therapeutic communities illustrate very well some of the contradictions implicit in 'care in the community'. In what ways do therapeutic communities tend to be based 'in the community'? I have already argued that the notion of the 'therapeutic community' - or the therapeutic community approach - is very misleading, insofar as, contained within these notions, we find a widely differing variety of practices and ideologies. So far as there is talk within the literature of the therapeutic community as a method which may be employed in settings such as hospitals, day centres, residential homes, and so on, this can only be understood as indicating a rather vague inclination towards a certain jargon, a set of rather muddled techniques, and a very strong emphasis upon group activities of one sort or another. The 'therapeutic community method' does not refer to a 'way' which is a way of 'community'; for it is 'community' which so conspicuously remains undiscussed. Nor does it place any particular emphasis upon the way that it is 'in' the community.



As far as their place within the community at large is concerned, therapeutic communities tend in fact to remain rather conspicuously 'set apart'. The fact of their being 'set apart' from the community at large, and enclosed within their own metaphor of treatment is fully in keeping with the clinical model upon which they are constructed and the hospital setting within which they arose. They are, so far as is possible, uncontaminated; and have as their purpose the sanitary practice of getting the patient in shape for his return to the world. In the therapeutic community, this is sometimes called 're-entry'.

Thus we find a characteristic importance attached to the notions of 'socialization' or 'resocialization' - that is, preparing the individual for the ordinary, social world. In Main's classic (1946) paper, the therapeutic community is seen as having its eventual aim 'the resocialization of the neurotic individual for life in ordinary society';<sup>1</sup> Jansen speaks of placing a 'strong emphasis on resocialising people'<sup>2</sup> - and so on. Indeed, one of the themes within the therapeutic community literature concerns the conflict between 'therapeutic' and 'socialization' goals.

To the extent that a therapeutic institution engenders in its patients values that are at variance with those of the outside social world, patients who have successfully adapted to treatment must be 're-socialized' prior to their discharge. The very experience of socializing patients to the institution may entail important therapeutic gains, but these

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<sup>1</sup>Main, T. (1946) p.66.

<sup>2</sup>Jansen, E. (1980) p.118.

may be lost in the post hospital period if the norms adopted for treatment are not appropriately revised in preparation for the world outside.<sup>1</sup>

A good example of this is provided by the therapeutic community 'social'. These activities "are aimed primarily at fitting an individual to a social context outside the hospital...the socials are rationalized almost entirely in terms of their aim of assisting individuals towards normal patterns of social interaction".<sup>2</sup> The socials "approach 'normal' extra-hospital types of situation - with dancing, small-talk, card playing, group games, and entertainment programmes".<sup>3</sup> However, these socials, "unlike those of the ordinary man's life, occur nightly and often impel a kind of interaction that would not necessarily apply outside the unit, and which might actually lead to trouble in post-hospital adjustment".<sup>4</sup>

I have mentioned in my first chapters some of the ways in which therapeutic communities are structured rather differently from the 'ordinary life' for which they are meant to be a 'preparation'. These communities, for example, tend to see the therapeutic living situation in terms of an image of an ongoing group, a group whose every flicker contains 'therapeutic potential'. This very sense of everything being 'therapy' or in the service of 'therapy', of course, at once sets the situation apart from one which

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<sup>1</sup>Rapoport, R.N. (1960) p.286.

<sup>2</sup>Ibid. p.91.

<sup>3</sup>Ibid. p.87.

<sup>4</sup>Ibid. p.81.

arises ordinarily within the community at large. And this idea of the therapeutic community being a world apart - standing apart from and opposed to 'ordinary society' - is taken almost to be one of its defining characteristics.

We are describing a part of the global human network which has been hived off, as it were, from the rest of the social network for treatment purposes, and it is the actual physical acts associated with hiving off, and the creation of the external boundaries that make it a community.<sup>1</sup>

They are sensitively aware of the treatment world in which they are immersed, but take less account of the outside world. These worlds are willy-nilly different and function according to drastically different norms.<sup>2</sup>

This notion of a 'world apart' - an autonomous, self-sufficient condensation of health-providing, where 'everything is treatment', is expressed most starkly in the following claim of Maxwell Jones:

In my opinion, a therapeutic community is compatible with a maximum security unit. It is what happens within the restricted area, in terms of relationships and social learning which is important; and not the presence of locked doors and armed guards.<sup>3</sup>

It is of course Jones' extreme psychologism, and the notion that psychological process represents some final and absolute truth which is somehow culture free, which leads him to make this absurd statement; a statement which prescribes, in the name of treatment, the most profound dissociation, and whose phrase 'within the restricted area' seems to bear a

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<sup>1</sup>Crocket, R. (1979) p.134.

<sup>2</sup>Rapoport, R.N. (1960). Quoted in Jansen, E. (1980) p.46.

<sup>3</sup>Jones, M. (1968a).



rather uncanny reference to the human mind.

### The Therapeutic Community Household

In this thesis, my way of approaching the 'therapeutic community' has been through the notion of the household. I have at the same time, and in some senses, contrasted the household with the 'therapeutic community'. That which I have suggested might be 'therapeutic' about a household differs in some crucial respects from what typically is thought to be therapeutic about 'therapeutic community'; and those things which I have identified as being especially important within a community household are not usually thought of as being worthy of mention within the literature. However, I do not see any particular reason to insist upon making some hard and fast distinction between 'therapeutic communities' and 'therapeutic households', and this thesis is not to be understood as presenting the argument for such a distinction. Although, after some twenty or more years of experiment, a rough 'gestalt' has emerged which we identify as the 'therapeutic community' or the 'therapeutic community approach', it is my argument that this notion remains essentially a muddled one, whose muddles are in no way lessened by exercising a proprietary claim over the words 'therapeutic community'. There remain, I would like to insist, many other ways in which the notion of therapeutic community may be understood. The same holds for households. I assume that there may be very many ways for households to be therapeutic, and so it would be regrettable if this writing contributed to some tendency or fashion

to start talking of the 'therapeutic household model'.

In placing a discussion of the household at the centre of an inquiry into the 'therapeutic community' I have merely obeyed the maxim of first things first. Thus orientated, we might now briefly extend our discussion of the therapeutic household by considering it more in the context of the community at large. And firstly, I propose that there is a need within the community at large for such places.

That more or less everyone within the community at large needs a place which he can 'call home', a place which is his, and where he belongs seems to be beyond question. And so my emphasis first of all is upon the household as a place where people live, where they may unpack and stay. A household is made up of the people who live there, with one another, where living is the way we 'go on being'. The members of a household get up, go to bed, eat, sleep, go to work or stay at home - enjoy life's pleasures, endure its drudgeries, meet its challenges, and so on. And in this, there is no difference between a therapeutic community household and any other household in the street. In each case the people who live there do what they want to do, as they want to, they pursue whatsoever they are drawn to in whatever fashion they like, with whomsoever they want - if they want to. They generally get on with their own business, as well as they are able, according to the various constraints, demands and obligations which govern their lives.

This differs rather strikingly - I repeat - from the situation of the typical residential therapeutic community. These tend not to be places where people first of all simply 'live' - go on being - and get on with their lives as best they are able. They tend rather to be places where the examination of life comes first; and places where people's 'living there' is, in a sense, incidental. And symptomatic of this, we find the textures of such places to be singularly threadbare. For the clinical nature of these places pre-empts (sometimes subtly, sometimes grossly) their 'economic' possibilities, since first of all they are places of treatment, where the mentally ill or psychologically disturbed may be cured or re-socialized; and if these people live there this is in a sense only because this now enables their treatment to be continued round the clock.

But if our starting point is with the household as a place where people live - this is not simply the end of the matter. For having emphasised what is 'ordinary' about therapeutic households, we must now ask how, and in what senses they might differ from any other house, from the one next door. Perhaps the most obvious difference is simply that of the door or opening which such households may extend to the wider community: the concern with hospitality. But hotels, hostels and 'homes' are also, in their own way, concerned with hospitality; here our concern is with the hospitality of 'therapeutic' households. This difference or distinctiveness of which we are speaking is confirmed by the fact that the typical household probably does not include the word 'therapeutic' within its conversation; and



certainly most households do not offer this sort of self-description as an opening to the community at large, such that strangers in need of sanctuary come - metaphorically - knocking at the door. Our question now becomes: who then is likely to be drawn particularly by this sort of opening? Who amongst the community at large needs this sort of opportunity to find their way?

We may consider examples of individuals who are drawn to a household which is sensitive to these needs under three approximate headings. First of all, there are individuals whose position in the world is one of some precariousness, individuals whose 'homelessness' or 'untogetherness' - whilst not yet having reached a point where they draw sufficient attention to themselves to warrant psychiatric intervention - renders them somewhat vulnerable to institutional predatoriness. Individuals, that is, who are at some risk or hazard of being forced into some institutional model of treatment, either with or without their consent. Such an individual may express or voice his sufferings in any number of ways; he may be lonely, unable to work, depressed and dispirited, at a loss or quietly desperate. Persons in such situations may find the urgency of their position to be curiously invisible, for whilst the individual is not able to fit into the utilitarian mode of a 'productive life', his symptoms may not yet have reached the point where they match his G.P.'s model of a broken thing to be repaired. Such an individual might seem an obvious candidate for psychotherapy, yet this might not be an opening which presents itself to him; or he might not be

able to afford it; or he might not yet have secured the necessary 'base' from which to take this step.

Some individuals may be drawn to such a household where they have already 'been through' some or other institutional psychiatric process - but it has not worked. They may be in hospital, and anxious to get out. They may have been released from hospital, and unable to endure the imminent prospect of having to go back for more. They may be on psychiatric medication of one sort or another and sufficiently aware of its blunting effects upon their consciousness to want to wean off at any cost - and fully aware that they cannot do this on their own. Such individuals may have long psychiatric histories, or they may have had a single breakdown for which the treatment was not sufficient to assuage the fear of its future occurrence.

Finally, individuals may be drawn to such a household who are neither at risk of 'becoming' mentally ill, nor recovering from their treatment, but may be looking for something which is otherwise missing from their lives, and which they feel that living in a community household might be able to offer. They may feel that they stand to learn a great deal from the opportunity to live with others in a more challenging way. They may already be in psychotherapy, but want to broaden the base of their psychotherapy in some way, or extend their horizons - perhaps wanting to be 'found out' in what hitherto they have got away with. Such persons may turn out to be pillars of strength in the household - or to be as disturbing as the most disturbed.

In each of these cases, the individuals who approach the household will tend to be in their early adulthood - if only because the young are less likely to be set in their ways, more likely to be open to the possibilities of a fresh life ahead of them, and 'up for' the sort of give and take that communal living entails. They will tend to be single. But whatever their situation, circumstances and need, arrival at the household is simply a first step - and from then on whatever comes of it will be a matter for negotiation between the visitor and those who live there. I have discussed some of the issues about which such negotiations may pivot, distinguishing between this sort of interpersonal negotiation and the formalities and impersonalities of an 'admissions procedure'. There is no need for the candidate to be accompanied by whatever psychiatric record he may have accumulated, since this information becomes redundant in the business of getting to know one another. Any dealings arising at the interface between the household and administrative bureaucracy (for example social services) may be minimal, and quite unobtrusive. The household need not find its thinking cluttered by diagnostic mumbo-jumbo, not because of some carefully contrived anti-diagnostic, or anti-stigmatist stance, but because these notions are transcended - which is to say that they simply do not arise or materialize in the realities of living together.

A most important aspect of any 'therapeutic household' is to do with the way it was started, set up, or founded. The paradigm case, in the Western world at any rate, of 'setting up home' is the family. Yet the situation of a



therapeutic household is not that of a family; for, although there are many possible mappings of family on to community, and many ways in which families and communities may be very like one another, and each like to keep things 'in the family', the bonds which hold people together are not the same.

However, it is quite clear that living together, sharing a home, creating a household dwelling is not the exclusive privilege of families or paired couples; it is not at all uncommon for students, for example. And clearly, there is no reason in principle why any group of people, whatever their situation, interests or concerns, might not set up or establish a community household and enjoy the possibilities of conviviality and companionship which this might afford. And in this sense, this might well be highly 'therapeutic'. There are, however, considerable difficulties in the way of a number of individuals by themselves, setting up and getting together for themselves a household which has some specific aspiration or intention to be 'therapeutic', or in which the notions of psychotherapy are indelibly etched. For one thing, it takes a certain amount of time, money and negotiatory clout to get a house together; and whatever difficulties there may be will probably be magnified where there are a number of people who may not know or trust one another well. And even where people do know one another very well, the difficulties of living together as a community or communal household are notorious. We may conclude that people who are 'untogether' are rather unlikely to be able to get

such a project successfully on its way; or, where they do, maintain it without some sort of guidance or encouragement from some other or others who have some experience of these difficulties; and who know what they are doing.

I shall mention two considerations which may take the possibility of the setting up and flourishing of a therapeutic household more realistic, but which, again, point to a certain difference between the 'therapeutic household' and the one next door. The first of these is the facilitating or enabling network. By this notion I have in mind a mediating context between the household and the community at large, or a para-community between the household and the broader community. The mafia, a church, or a religious group, a cult-following of some sort or another, and a student body are possible examples of a facilitating network. In that most interesting era of American psychiatry, that of moral treatment, the ethnic community provided an excellent example of a facilitating network which mediated between the therapeutic communities which sprang up, and the broader society. Indeed, it was largely because of the erosion of ethnic cohesiveness that these particular communities, from which we can learn a great deal, began increasingly to fail. Another example, which again has an important place within the history of psychiatry, is provided by the Quakers; here, therapeutic communities arose from within a network of Friends.

Whilst the nature and the role of the enabling network is one of considerably subtlety, the essential point that I wish to make can be expressed quite simply: that a

therapeutic household is not likely to prosper in the absence of the support or 'backing' of a network or culture of like-minded people, or people who share the spirit of the thing. They will have the weight to help obtain what a small group of individuals otherwise might not (e.g. a property), the know-how to administer what needs administration, and experience and broader perspective to draw upon when it comes to weathering the inevitable difficulties.

A second consideration which may be of crucial importance to the begetting and well-being of a therapeutic household is the involvement of a psychotherapist. Although in some ways something of the role of psychotherapist has in the past been played by family physician, and parish priest, a household is without doubt distinguished from its neighbours when someone who does not himself live there is involved in the house in some capacity in which he or she is concerned to help those who live there do so more thoughtfully and attentively, and so more creatively and enjoyably. The experienced psychotherapist is the mediator, the boundary-crosser par-excellence. Amongst the boundaries at which his attendance may be most important are those between the household and relatives, neighbours, doctor and possibly institutions, as well as between household and supporting network.

Amongst possible ways in which a 'therapeutic household' may be different from any other, I have mentioned three. These refer to the particular 'opening' which such a house may present to the world, the wider network or group through which such opening may be mediated, and by



whose help it may be sustained, and the involvement, within the household, of a psychotherapist. These are very general or broadly conceived considerations, and would in any case vary very much from house to house. They are not to be thought of as defining attributes. So far as what goes on within such households, we may assume that this differs even more from house to house - and so the question of how it may differ from 'ordinary' houses becomes very difficult to answer. I have given a fairly detailed account of something of what went on within one 'therapeutic household'. And within this account is woven one answer to this question of difference, which stresses the simultaneity of difference and sameness, arguing that what goes on within therapeutic households is perfectly ordinary, but that the notion of 'ordinary' quite happily expands to include areas of experiencing which might otherwise become segregated to the clinic. I have argued that this capacity of a household to include within its order, its own disorderings, is both ecologically sound, and can be interpersonally energising.

The word 'ecology' serves to stress the fact that a therapeutic household is not simply an isolated, self-sufficient cell of well-being. The flourishing of such households may itself have a very significant bearing upon the well-being of the wider community upon which they depend. For when no ways of responding to the cries of suffering seem to be available to the society which occasions them, other than a massive, and highly organized programme of

community tranquilization,<sup>1</sup> it is not only the sedated patients who become robbed of their remaining consciousness. Psychiatric sedatives work in both directions; their effects radiate. Remarkably little is required, logistically and financially, to encourage ways of living within which these cries do not need so relentlessly to be stifled, as a number of households have by now made clear. Perhaps it is now time to make sure that their voice is more clearly heard.

### Retrospect

Having made various claims for the 'therapeutic household' we may now turn to the question of evaluation. How are we to assess or evaluate these households? How are we to decide whether or not the various claims which have been made as to the fruitfulness of this approach are substantiated? Quite simply: do people who live in these houses 'get better'. With this question belongs another. If people do in fact get better as a result of living in one of these households, can we identify or isolate the particular factors which play the more important part in this improvement, so that subsequent households will be able to conduct themselves in the light of this accumulated knowledge? With these questions in view I shall return to the particular case of Portland Road, although at the same time

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<sup>1</sup>These 'long-acting depot' antipsychotic drugs 'have such a prolonged action because they are only slowly absorbed from the depot into the circulation'. (Lader, M. 1979, p.39.) For 'depot' read 'new community psychiatric resource centre'; for 'circulation' read 'community'.

I shall make reference to, and comparison with, other member households of the Philadelphia Association.

I have stated repeatedly that Portland Road's claim was not that of having discovered or developed any new method or way for the treatment of mental illness. The house may claim, however, with some sureness, to have recognized the importance of certain conditions under which people who are disorientated and disarticulated from one another will be more likely to find their way, articulate or gear into the world. The practice of the house therefore, was informed not by 'new discoveries' but by rather conservative 'home truths' or 'ethical' guiding principles such as I have discussed in some detail in part three.

When the question of evaluation is raised, a first thing to note, then, is what claims are not being made. The opportunities or possibilities onto which Portland Road may have presented an open door may have no appeal at all for a great many people. The Philadelphia Association's claim, that 'for many people' the sort of ambiance typical of its member households is a good one, or one which is conducive to the negotiation of critical periods in one's life, should not therefore be read as a boast that this is the answer for everyone. At the same time, the 'for many people' does not refer to a certain range of psychiatric diagnostic categories for which this method is suitable.

Furthermore, even for those people who are drawn to such a household, who 'take to' and are 'taken to' by those who already live there so that they stay - there is



no question of these 'conducive conditions' being provided like a service. Examples of these 'conditions' include the texturings of the household; but a text only comes alive in its being read, or lived. Similarly, a conducive environment is one which is 'responsive'; but a responsive environment is very far from being one which leaps in with activities and therapeutic strategies of one sort or another; rather it speaks, and so may remain silent. A responsive environment may do nothing. A remark which we quoted earlier spoke of psychiatric patients "needing a social matrix ready made for them".<sup>1</sup> This is precisely what a great many patients, at any rate, do not need. They have not yet found a ground; but such a ground does not simply 'await'. It may open up, in the fullness of time, where people are free to find their way with one another. And in this connection I have discussed in some detail the notion of an 'ambiance of concern'. I have made it clear that a household is an organic entity which cannot simply switch on concern, or bring in staff to be 'concerned'. There is all the difference in the world between 'providing' conditions, and striving to ensure that the intricacies of 'finding one's way' will be acknowledged, and that the presence of an experienced therapist will ensure some attentiveness to questions of justice, and some encouragement and help towards the opening up of those often very difficult issues which arise in the course of people finding their way with one another.

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<sup>1</sup>Huessy, H. (1980) p.367.

Clearly the question of evaluation becomes rather more complex than it might at first seem when we entertain a notion of 'therapeutic' which is to do with finding one's way, or perhaps 'being oneself'. Can these complexities be overcome by agreeing upon some 'unequivocal' criteria of 'improvement', and in a carefully controlled study comparing the progress of individuals in hospital with that of a therapeutic community household, against these criteria? A well-thought out and executed study of this nature could only be welcomed. The methodological difficulties facing such a study would, however, be very considerable; and in any case can we be sure that very much is going to be determined by the results? The paradox of evaluating a household such as Portland Road by means of empirical study is this: that without careful and critical theoretical work, which interprets the empirical study, its findings would be meaningless; but at the same time this careful interpretative and conceptual work will probably render the empirical study un-necessary.

A much better way of introducing the question of evaluating the work of a household than that of presenting statistics might be to present a number of thorough and detailed 'case studies' - or stories. It would not matter particularly whether these were the striking 'successes' of a household, or its 'failures'. For the value of such a study would be to show in detail the issues which are at stake and the considerations which have bearing upon them, to show how clearly they were seen and how surely and boldly negotiated, and perhaps to suggest to the reader

what may, and what may not be spelled out.

Difficulties of 'evaluation' become more apparent still if we are asked what specific therapeutic factors contribute most towards the 'successes' of a therapeutic household. Perhaps this sort of question is particularly invited by my account of Portland Road, where I present a number of considerations to do with the household's being therapeutic, only to make it clear that these considerations were by no means met, all of the time. Does this mean that some sort of uncertainty is, or should be, an intrinsic feature of a therapeutic ambiance? Do we confirm Skinner's claim that a maximally reinforcing schedule turns out to be one with an in-built component of randomness? Can we conclude that a household may function 'well enough', or be a 'good enough dwelling' with only some of these factors operating; and, if so, which are the important ones?

Taking up these questions effectively entails re-iterating and amplifying or expanding upon points which already have been made. First of all, it has been suggested that what is determinative for a therapeutic household is the nature of the issues which, in living together, become opened up, and taken up; these issues define the household much more than the attributes or properties which it possesses. Now, perhaps, our answer turns upon the distinction we might make between an essentialist and an attributive definition of therapeutic household; here, between a way of living which is orientated towards the truth or the heart of the matter, and a method to be broken down into a multiplicity of salient factors or ingredients such that subsequent



analysis might lead to more and more effective replication. Is this merely a flight into mysticism - a mystification? Writing, quite rightly, of the weaknesses of the 'spot the winner' evaluative studies which 'consider the processes that might affect outcome' but 'are unable to isolate any clear causal factors', Manning<sup>1</sup> claims that, 'the dilemma is that unless the change-inducing techniques can be described in sufficient detail to reproduce them, then the knowledge that some unknown thing is effective is not very useful'. But our dilemma, here, is not between change inducing techniques and 'some unknown thing'. A way will remain unknown only until it is taken up, originally - re-searched. My task in these chapters has been to suggest, through a showing, some of the more essential matters of which this wayfaring might be mindful or thoughtful, and also some of the particular terrains through which its negotiation has proved worthwhile.

Secondly, and furthermore, the empirical unanswerability of this question follows from the fact of the singular nature of each household. Here, for example, we touch upon differences of circumstance which are not merely consequent upon the different figures involved, but upon the times in which their endeavours were set. Kingsley Hall, after all, was a phenomenon of London in the sixties. The subsequently established Archway households were a group of short-life properties existing in close proximity to one another; during the lifetime of these community households different

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<sup>1</sup> Manning, N. (1979) p.304.

therapists became involved. Throughout the life of Portland Road, the presence of Hugh Crawford was clearly quite central to the community, which was very profoundly moved and enthused by his particular visioning. His presence, in fact, was highly charismatic - and it would be difficult to imagine the work, and the results, of Portland Road without taking this consideration fully into account. But fortunately - if only because they are hard to come by - the presence of a particularly charismatic leader proves not to be essential to a therapeutic community, for other people may show themselves to be attentive to what matters, and capable of a thoughtful guidance in a more ordinary way. There are things to be said in favour of a household having a charismatic leader, and things to be argued against the having of a highly charismatic central figure. But in any case, requirements of this sort can hardly be made to order.

Regretably, perhaps, certainly predictably, the Portland Road household did not survive long after Hugh's death. But in the last two years before its end, Portland Road was already, quite organically, spawning a second household in the Oxfordshire countryside. This household, which continues to thrive, is very different in many respects from Portland Road, although what the house is 'on about' remains fundamentally the same. It continues to be a member household of the Philadelphia Association. Its psychotherapist, who spends a morning there once a week, has his own, very distinctive, style; and this style, in its turn has a most important bearing upon the way in

which the members of the community live together, and accomplish their work. The house is set in some four acres of land, making it effectively a smallholding. It has - now - an attractively laid out and productive vegetable and herb garden, keeps chickens, goats and ducks, and ventures from time to time into more ambitious enterprises and schemes to do with practical self-sufficiency. The produce of the land contributes significantly towards the feeding of the household; and the interweaving of house, garden and animals, and the various projects which the outbuildings house, contributes enormously to the unique textures of this particular household. The house is much larger than Portland Road; it has, for example, five entrances, making it easier, in some senses at least, for people to come and go. It happens to have shaped out within it two spacious kitchens, so that people are in many ways less on top of each other. All in all, it is probably much easier for people quietly to get on with their own thing, in a rather more leisurely time, than ever it was in Portland Road. Whilst we may think of the various pluses and minuses which may be weighed against one another, we must acknowledge that these different situations will be conducive to different people. Whilst the Oxfordshire household has, upon occasion, extended its hospitality to extremely disturbed individuals, its distance from the rest of the Philadelphia Association network has made the household, quite understandably, somewhat wary of its limitations with regard to some of the more extreme situations of holding or containing what in Portland Road were called 'freakouts'.



Whilst the households of the Philadelphia Association, therefore, differ quite markedly one from another, one thing which they have in common is a network, and a culture, of which they are the fruitions. In the course of things, whereby this culture is maintained and evolved, those who take a supporting part in the continuation of its work engage regularly in conversation about the households. Here, the common ground of what the households are 'on about' again may become opened up. It is hoped that this present work may, in some small way, contribute towards an extending of this conversation.

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